

STUDENT APPLICATION FORM

NAME:						
	I	Last	First	Middle	Middle	
					1	
Mailing Address:						
	S	treet or P.O. Box	City	State	Zip Code	
Student Phone #:	\perp		Email Address:			
Date of Birth:			Social Security #:			
	\bot					
Gender:	\bot	Male	Female			
	_		D D 11			
Citizenship:	4	U.S. Citizen	Perm Resident	Other		
PA	RE]	NT/GUARDIAN/	EMERGENCY CON	ТАСТ		
Parent or Guardian:						
Relationship to Studen	nt:					
Phone #:			Email Address:			
Parent or Guardian:						
Relationship to Studen	nt:					
Phone #:		-	Email Address:			
Mailing Address (if d	iffer	ent from above):				
		treet or P.O. Box	City	State	Zip Code	
		SCHOOL IN	FORMATION			
SCHOOL NAME	+					
Address						
		Street or P.O. Box	City	State	Zip Code	
Grade:	Ť					
Are you planning to a	tten	d college? Ye	es No			
What major are you p			ge? (if applicable)	-		
			internship programs? Is s	o, which one	(s)?	
<u> </u>	<u> </u>		11 0		` '	

				EXPERIEN	_			
(Although not req	uired, pre	rvious experienc		e you in the right a succeed.)	position and e	nsures the train	ing needed to	
			1 2					
Company:								
Dates Worked:				1		ı ı		
Mailing Address	3							
		Street		City		State	Zip Code	
Describe your d	uties an	d experience	:					
Is there any add	<u>itional i</u>	nformation a	about your e	xperience you	ı would like	to provide:		
What type of po	sition y	ou are seekir	ng? (Select al	ll that may ap	ply)			
Part-time		9-Week Program		Summer	Summer Program		3-Day Workshop	
			AVAIL	ABILITY				
		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	
FR	OM							
ТО								
Total hours avai	ilable pe	er week:						
Date available to	o start w	vork:						
Student Signatu	re:							
C								
		Student Na	ıme			Date		
As the parent/g	uardian	of this child,	, I give perm	ission for my	child to par	ticipate in th	is internship	
program with St	ats Free	Living.®						
Parent/Guardia	n Signa	ture:						
		Parent/Gu	ardian			Date		
			FOR OFFIC	E USE ONLY	'			
			YE	ES	NO			
Orientation/Training Program Completed								
Medical/disability		•		+		†		
	require	ments						
	•		completed					
Was workplace of Background checkground ch	bservati	on required/c						

Contact us at www.StatsFreeLiving.org or Admin@StatsFreeLiving.org or Admin@StatsFreeLiving.or