



## Career Development Program

### Personal Information

Name			
Street Address			
City State ZIP			
Social Security #			
Home Phone			
E-Mail Address			
Birth Date		Grade	

### Community Service Availability

During which hours are you available for community service?

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

### Interests

Tell us which areas you are most interested in. (check all that apply)

- Saving
- Investing
- Budgeting
- Credit
- Entrepreneurship
- Employment
- Academic enrichment
- Leadership

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Expectations

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What do you hope to learn from your participation in this program?

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What are your financial goals for the future? For the present?

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What are your career goals for the future?

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## Person to Notify in Case of Emergency

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Name	
Street Address	
City State ZIP	
Home Phone	
Work Phone	
Mobile phone/Pager	

## Agreement and Signature

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By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a participant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate expulsion.

Name (printed)	
Signature	
Date	

## Our Policy

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It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in participating in this program.