

Office Use Only	
Date Received	

Job Assist Youth Program

Student/Young Adult I	Information			
Name: Email:				
School District where	you reside: □Shenendehowa	Burnt Hills-Ballston Lak	e Ballston Spa	
School:	Current Grade: _	Date of Birth:	Age:	
Home Address:				
Home Phone:		_ Cell Phone:		
Parent/Guardian Name((s):			
Parent/Guardian Phone	e(s):			
	S Driver's License? □Yes □No			
Do you have access to	transportation? □Yes □No Mode	of transportation		
For funding statistics, pl White Black or African American Hispanic or Latino American Indian or Alaskan Native Do you have any specia	Asian Native Hawaiian or Pacific Islander 2+ Races Prefer not to answer Oth	Childcare/Babysitting Housework/Cleaning Landscaping/Yard Work Retail Stock Work er: I be applicable to a job?	Food Services Tutoring Office Work Pet Care Lifeguard	
	a draine of medialece.			
Student Signature:			Date:	
program only. Employe	ge 18): I understand that the Job Asers who seek youth applicants have their youth's employment and to en	not been screened or backg		
Parent/Guardian Signa	ature:		Date:	

Submit your application online at www.captaincares.org, via email to the contacts below, or by mail to: CAPTAIN CHS, 5 Municipal Plaza, Suite 3, Clifton Park, NY 12065.

For more information, contact:

Marcia Szablewski, Job Assist Coordinator marcia@captaincares.org | 518.729.7997

Jessica Valcik, Youth Development/STEHP Manager jessica@captaincares.org | 518.371.1185