

Office Use Only

Date Received

Job Assist Youth Program

HR Teacher	
Room	

Student/Young Adult Information								
Name:			En	_Email:				
School District where you reside:								
Scho	ool:	Currer	nt Grade: _	Date of Birth: _	Age:			
Home Address:								
Hom	Home Phone: Cell Phone:							
Parent/Guardian Name(s):								
Parent/Guardian Phone(s):								
Do you have a valid NYS Driver's License? □Yes □No Do you have working papers? □Yes □No								
Do you have access to transportation? □Yes □No Mode of transportation								
For funding statistics, please indicate ethnicity: Place a check in any job category that interests you.								
	White	Asian		Childcare/Babysitting	Food Services			
	Black or African	Native Hawaiian or		Housework/Cleaning	Tutoring			
	American	Pacific Islander		Landscaping/Yard Work	Office Work			
	Hispanic or Latino	2+ Races		Retail	Pet Care			
	American Indian or	Prefer not to answer		Stock Work	Lifeguard			

Other:

Do you have any special certifications or training that would be applicable to a job?

Do you have any special skills or hobbies?

Student Signature:

Alaskan Native

(For applicants under age 18): I understand that the Job Assist Youth Program is a job matching and information program only. Employers who seek youth applicants have not been screened or background checked. Parents are responsible to approve their youth's employment and to ensure their safety.

Parent/Guardian Signature: _____ Date: _____

Submit your application online at 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:

Becca Anthony, Youth Development Program Manager, becca@captaincares.org | 518.371.1185 Mara Gallagher, Job Assist Coordinator, mgallagher@bscsd.org Marcia Szablewski, Job Assist Coordinator, marcia@captaincares.org | 518.729.7997

Date: