

Youth Apprenticeship Application

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|  Personal Information  |
| Student First Name:       Last Name:        |
| Student Address:         |
| City:       State:       Zip:       County:        |
| Student Email Address:       Student Phone:        |
| Date of Birth:       Grade: ☐ 10​th​ ☐ 11​th​ ☐ 12th​ |
| Gender: ☐ Female ☐ Male ☐ Other  |
| Race: ☐ African American ☐ Asian/Pacific Islander ☐ Caucasian ☐ Hispanic  ☐ Native American ☐ Other  |
| School District:       Current Cumulative GPA:    |
| On Track for Graduation: ☐ Yes ☐ No Expected Graduation Date:        |
| Parent/Guardian Name:        |
| Parent Email:       Parent Phone:      |
| Career Cluster / Youth Apprenticeship Area  |
| Check the Youth Apprenticeship/Work Based Learning in which you are interested: ☐​ Agriculture, Food & Natural Resources ​☐​ Architecture & Construction ☐​ Arts/ AV Technology & Communications ​☐​ Business Management & Administration ☐​ Education & Training ​☐​ Finance ☐​ Government & Public Administration ☐​ ​ Health Science ☐​ Hospitality & Tourism ☐​ ​ Human Services ☐ Information Technology​ ☐​ Law, Public Safety, Corrections & Security​ ☐​ Manufacturing ​☐​ Marketing ☐​ Science, Technology, Engineering & Mathematics ​☐​ Transportation, Distribution & Logistics Are you currently employed in your Youth Apprenticeship/Work Based Learning area? ☐ Yes ☐ No  |



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| Waiver & Consent  |
| I , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that to apply, I must have qualifying grades, be on track for graduation, and have good attendance and behavior records. If I am hired, I must have reliable transportation to school and work. I understand my performance at work, along with my attendance will be factors considered in determining credit granted for this youth apprenticeship. I also understand my employer has the right to terminate me from my position if I am not meeting performance expectations, which may result in credit deficiency. Additionally, I understand that the Ahnapee Regional Youth Apprenticeship Consortium and all its affiliated school districts and employed entities are not responsible for any injuries or medical conditions that may arise during this youth apprenticeship opportunity. Lastly, I grant permission to the school districts to release and share any information to the Work Based Learning Employer that may affect the safety and welfare of the student. I acknowledge that as an Ahnapee Regional Youth Apprentice it is my responsibility to communicate with my employer, the youth apprenticeship coordinator, my teachers, and others affiliated with the program any information pertaining to myself as it affects my participation in the program.  |
| Student Signature:      | Date: |
| Parent Signature:     | Date:      |
| The completed application should be provided to your Youth Apprenticeship Coordinator either in person, via scan or photo.  |
| Office Use Only  |
| Is the student classified as at-risk by the | school district’s definition? ​ | ☐ Yes ☐ No  |
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| Does the student have a ​  | confirmed disability per Individualized Education Program (IEP)? ​ | ☐ Yes ☐ No  |
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|  Does the student receive any 504 accommodations? ☐ Yes ☐ No  |