

# HIGH SCHOOL MENTORSHIP PROGRAM

## STUDENT APPLICATION

MEDFORD AREA PUBLIC SCHOOL DISTRICT

**PRINT ALL INFORMATION.**

Student's Name

Date

Year of Graduation

Home Address

**\*Student Cell Phone:**

Parent'(s) or Guardian'(s) Name

Employer

Home Phone

Father:

Mother:

Applicant's Birth date

Do you have any physical limitations or disabilities? Explain on the back if necessary.

Why do you want to enter the work experience program?

What are your plans when you leave high school?

Do you possess any special skills?

What occupational plans do you have?

How many times have you been absent or tardy in the last school year? Explain on back if necessary.

If you have had any previous work experience, list on the back of the form the employer, type of work, and the dates you were employed.

What type of job assignment would you like?

**1st choice**

**2nd choice**

Is there a specific business in town that you would like to work at? If you listed a business why did you choose it?

I have completed the above blanks and certify that they are true to the best of my knowledge. I have also looked over the policies for the program and understand the conditions and requirements of the program. In addition the coordinator has my permission to show my school records and this application to those who are involved in the program and have a valid reason for seeing them.

Student Signature

Date

It is my desire for the above named student to participate in the work experience program. I have looked over the policies and understand the conditions and requirements of the program. If the student is not 18, the coordinator has my permission to show the above named student's records, and this application to those who are involved in the program and have a valid reason for seeing them.

Signature of parent or guardian

Date