AFTER SCHOOL PROGRAM HIGH SCHOOL STUDENT APPLICATION

Personal Information

Last Name First Name M.I.

Address City, State, Zip Code

Primary Phone Alternative Phone

Parent/Guardian Name & Phone Number

Email Date of Application

Any Known Allergies/Medical Conditions

Position Hours

Employment Desired ○ All School Year ○ Semester ○ Seasonal/Temporary

List Any Extra Curricular Activities You Are Involved In & The Dates You Will Be Gone From Helping the ASP

Date Available To Begin

Check the Days/Times You Are Available To Work Below

	Monday	Tuesday	Wednesday	Thursday
Snack/Recess/Homework (3:45 – 4:30 PM)				
Club/Enrichment (4:30 – 5:15 PM)				

References **(List two references that are not relatives.)**

Name: Phone Number: Occupation: Years Known:

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Please tell us why you want to work with children at the After School Program.

Please submit your resume with this application.