

Extracurricular/ Work Experience/ Volunteer Experience (attach additional information)

Month/Year	Name of Org./Business	Voluntary or Paid	Position	Reason for Participating

Please answer ALL questions:

Will you need transportation? Yes No

Any special assistance needed? Yes No

If yes, Explain _____

Have you participated in our Summer Youth Employment Program previously Yes No

CAREFULLY READ THE FOLLOWING BEFORE SIGNING YOUR NAME:

I declare that I have examined this form and confirm all of the information is true and correct to the best of my knowledge. I am aware that the information contained on this form is subject to verification, and failure to provide the requested documentation, or any falsified information provided, may result in immediate termination from the program.

Upon completion, please return the form to Antoinette Fisher (afisher@gphxul.org) or Ana Rangel (arangel@gphxul.org). If you have any questions or concerns or need assistance in completing this form, please call (602) 254-5611.

Applicant Signature: _____ Date: _____