

Office Use Only	
Date Received	_

Job Assist Youth Program

Student/Young Adult In	formation					
ame: Email:						
School District where y □Shenendehowa Centi		t Hills/Ballst	on Lake District			
School: Current		rent Grade: _	Date of Birth: _	Age:		
Home Address:						
	ne: Cell Phone:					
Parent/Guardian Name(s	3):					
Parent/Guardian Phone(s):					
Do you have a valid NYS	S Driver's License? ☐	Yes □No	Do you have working p	papers? □Yes □No		
Do you have access to tr	ransportation? □Yes	□No Mode	of transportation			
For funding statistics, ple	ease indicate ethnicity	: Pla	ice a check in any job cat	egory 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		
Alaskan Native		Other:	CLOCK FYOIN			
Do you have any special	certifications or training	ng that would	be applicable to a job?			
Do you have any special	skills or hobbies?					
Student Signature:		Date:				
	s who seek youth app	licants have	not been screened or bac	job matching and information ckground checked. Parents are		
Parent/Guardian Signat	ture:			Date:		

Submit your application online at <u>www.captaincares.org</u>, 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:

Shenendehowa: Rebecca Anthony, <u>Becca@captaincares.org</u> | 518.371.1185 Burnt Hills/Ballston Lake: Carrie Lockwood, <u>Carrie@captaincares.org</u> | 518.729.7997