



# Ben & Jerry's Youthful Beginnings

Part 1

## Trainee Information

### Personal Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: ( ) Alternate Phone: ( )

E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

### Family Income Information

Monthly Family Income: \_\_\_\_\_ Number of people living in the home: \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: ( ) Alternate Phone: ( )

Relationship: \_\_\_\_\_

### Medical Information

Do you have any medical or physical conditions that could limit you from doing certain jobs? If so please explain.  
\_\_\_\_\_  
\_\_\_\_\_

*\*Staff will not administer medication.*

### Education Information

Name of school: \_\_\_\_\_  
Grade

What time do you get out of school?: \_\_\_\_\_ Do you do any afterschool activities? \_\_\_\_\_

### Background Information

Do you use any street drugs?: \_\_\_\_\_

Have you ever been arrested?: \_\_\_\_\_

Are you on probation?: \_\_\_\_\_

### Employment Information

Have you worked before: \_\_\_\_\_  
Where

Are you working now?: \_\_\_\_\_  
Where



**Community Action of Minneapolis  
Ben & Jerry's Youth Employment Program  
DUE NO LATER THEN 5PM ON March. 1<sup>st</sup>, 2010 TRAINING WILL BEGIN ON March.  
23<sup>rd</sup>.**

**GENERAL PERMISSION SLIP**

I, the parent(s) or guardian of \_\_\_\_\_ (name of child)  
give my consent and approval for my child to participate in the Ben & Jerry's Youth  
Employment Training Program at the Children & Family Development Office of  
Community Action of Minneapolis located at 2104 Park Avenue South, Minneapolis, MN.

I also give my child permission to participate in weekly activities outside of the building  
which may include: outdoor activities and on the job training at the Ben & Jerry's Store  
located at 702 Washington Ave.

I also understand that while attending the Youth Employment Training Program, my child  
will be under the direct supervision of the Youth Employment Coach staff.

I affirm that the information stated in this form is accurate and truthful to the best of my  
knowledge.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone# \_\_\_\_\_



