



LEARNING CENTER  
PO Box 286 • Port Clyde, ME 04855  
(207) 372-8677 • abrasili@herringgut.org

Office Use

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

**First Work Program  
Crew Worker Application  
DUE Friday APRIL 14, 2017  
(Please print clearly)**

**STUDENT INFO**

Full Name: \_\_\_\_\_  
(first) (middle) (last)

Home and Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Telephone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Age: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current School Name \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

**PARENT/GUARDIAN INFO**

Parent/Guardian Name: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_

Occupation/Place of Employment: \_\_\_\_\_ Cell Telephone: (\_\_\_\_) \_\_\_\_\_

Other Parent/Guardian Name: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_

Occupation/Place of Employment: \_\_\_\_\_ Cell Telephone: (\_\_\_\_) \_\_\_\_\_

**PROGRAM INFO**

Choose session(s) you are available this summer, you must be able to attend the entire session:

- Session 1: June 20-July 13  Session 2: July 18-August 10

Do you have a preference for morning (8:30-11:30) or afternoon (12-3) work times? \_\_\_\_\_

Where did you hear about this program? \_\_\_\_\_

When are you available for a 20 minute interview at Herring Gut Learning Center? We will call to confirm the day.

- Monday, April 24 (2:30-6:00)  Tuesday, April 25 (2:30-6:00)  Wednesday, April 26 (5:00-7:30)  
 Thursday, April 27 (5:00-7:30)  Saturday April 29 (9-3)



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## Application Questions

*We want to know who you are! Think carefully about your personal answers to these questions and write at least **4 complete sentences for each answer**. These questions will be discussed at your interview, so take your time and answer them fully, use complete sentences, and try to use all of the space provided. You may attach a separate sheet if you need more room. If you need help getting started, call us for pointers!*

- 1. Why do you want to be a member of Herring Gut's First Work program?**



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**2. What do you think will be challenging for you this summer? What do you hope to learn?**

**3. What other jobs or experiences (in school, clubs, sports, etc.) have you had that helped prepare you for this job?**

*Thank you! If you would like to add anything else, feel free to attach another piece of paper.*

**Please mail completed applications to Herring Gut Learning Center, Attn: Alex Brasili, PO Box 286, Port Clyde, ME 04855, fax to (207) 372-6377, or scan and email to [abrasili@herringgut.org](mailto:abrasili@herringgut.org)**