



Bethlehem Centers of Nashville  
VOCATIONAL SUCCESS INSTITUTE (VSI)  
2008 APPLICATION

Please complete the application completely. Please type or print. If you have an email address and would like to receive and complete the form online, please see your guidance counselor. Please return this form to your guidance counselor. Please enclose reference letters and copies of transcripts. The signature of a parent or guardian is required.

Name: \_\_\_\_\_  
First Name Middle Name Last Name

Name of Parent/Guardian:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent's/Guardian's Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Place of Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Name of School: \_\_\_\_\_

Student Social Security: \_\_\_\_\_

Student Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student Age: \_\_\_\_\_

Student Information

Address: \_\_\_\_\_

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

Telephone \_\_\_\_\_ Other phone: \_\_\_\_\_

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

Female  Male Ethnicity: African American\_\_\_ White\_\_\_ Hispanic/Lantino\_\_\_ Other\_\_\_

**WORK HISTORY:** list below all the jobs you have had in the past 3 years

Name/address of Employer	Dates of Employment	Wages	Position Held	Reason for leaving
1.	From_____To_____			
2.	From_____To_____			
3.	From_____To_____			

Do you have transportation? \_\_\_\_\_Yes\_\_\_\_\_No.

Will you be available to participate in the program June 2-July 25, 2008? \_\_\_\_\_Yes\_\_\_\_\_No

Personal Reference (Other than Relatives) please enclose reference letters

Name	Address	Yrs. Known	Phone Number
1.			
2.			
3.			

**JOB INTEREST OR SPECIAL SKILLS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EMERGENCY CONTACT PERSON**

Name\_\_\_\_\_Relationship\_\_\_\_\_

Address:\_\_\_\_\_Phone\_\_\_\_\_

**HOUSEHOLD FAMILY INCOME:**

\$0 - \$10,000     \$10,001 - \$15,000     \$15,001 - \$20,000     \$20,001 - \$25,000     OTHER

Participant's Signature\_\_\_\_\_Date\_\_\_\_\_

Parent's/Guardian's Signature\_\_\_\_\_Date\_\_\_\_\_

## YOUTH PROGRAMS

I wish to participate in the Vocational Success Institute Program and agree to the following:

- To attend all of the job readiness and retention training and on time.
- To report to my internship as assigned and on time.
- To be respectful to both adults and peers.
- To participate in a program closing event.
- To follow the instruction of the Program Staff and my internship supervisor.
- To dress appropriately on the job and during VSI training.
- I understand that inappropriate behavior will not be tolerated, and I must be on my best behavior at all times.

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

## PARENT/GUARDIAN

By signing this agreement I give my child full permission to participate in the Vocational Success Institute program. I acknowledge that I will support, assist, and encourage my child to excel to assure future successes and development of their employability skills.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## VSI PROGRAM STAFF

Because this student is committed positively participating in the Vocational Success Institute Program, I will provide:

- Pre and Post employment training
- Job readiness and job retention training
- Job placement after completing training
- On-the-job counseling services as appropriate

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS PROGRAM IS FOR YOUTH 16-18 YEARS OLD

Return this application to the following location:

Bethlehem Centers of Nashville • 1417 Charlotte Avenue • Nashville, Tennessee 37203

Phone: ((615) 329-3386 • Fax: (615) 329-0261

sflaming@bethlehemcenters.org