BTE Application

**Instructions:** Please complete this form and return it to INSERT NAME by INSERT DATE. **Please print neatly.**

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Your Information

Your Name:

Your School ID Number:

Your Current Address:

Daytime Phone: Evening Phone:

Cell Phone: Email:

Birthdate:

# Parent / Guardian Information

Parent / Guardian Name (s):

Parent / Guardian Address:

Daytime Phone: Evening Phone:

Cell Phone: Email:/ Guardian Information

# Interest Questions (please write 2-3 sentences for each question)

Why are you interested in Bridge to Employment? Briefly describe how you think the Bridge to Employment program will benefit you.

**More on Page 2…**

# Interest Questions continued…

Please list your current extracurricular commitments (including activities not associated with school).

# Acknowledgement (please check each box below)

* I will participate in the BTE program, sponsored by Johnson & Johnson and INSERT NAME OF LOCAL OPERATING COMPANY. I am committed to participating in all Bridge to Employment activities. If I cannot attend an activity I will notify the Bridge to Employment Coordinator immediately.
* I grant permission to the BTE program, Johnson & Johnson, FHI 360, INSERT NAME OF HIGH SCHOOL AND COORDINATING ENTITY and anyone acting under their authority the right to use for any lawful purpose (including publicity) my artwork, photo, posters, and/or project materials or PowerPoint presentations obtained during participation in BTE activities on its web sites, display in its facilities, and/or use in publications, presentations, and videos about BTE or other business-education partnerships. I also hereby release Johnson & Johnson, FHI 360, INSERT NAME OF HIGH SCHOOL AND COORDINATING ENTITY from any claim, which I might otherwise have as a result of any such use or publication.
* I grant permission for Johnson & Johnson, FHI 360, INSERT NAME OF HIGH SCHOOL AND COORDINATING ENTITY to communicate with each other and with the parents pertaining to the student’s involvement in the BTE program.
* I agree to participate in the evaluation of the BTE program. A representative appointed by Johnson & Johnson will work with FHI 360 conduct the evaluation. No personal information or individual data will be shared.

Student Signature:

Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_