



EMPLOYMENT READINESS WORKSHOP APPLICATION

NAME _____ SCHOOL _____

ADDRESS _____

CITY _____ ZIP CODE _____

EMAIL* _____ AGE** _____

PHONE _____ TEXT OK? _____

WHY WOULD YOU LIKE TO PARTICIPATE IN THE
EMPLOYMENT READINESS WORKSHOP?

PLEASE RETURN THE APPLICATION TO THE ACTIVITIES OFFICE
AT YOUR SCHOOL BY THURSDAY, OCTOBER 8, 2015.

*ACCEPTANCE TO THE WORKSHOP AND ADDITIONAL INFORMATION WILL BE
SENT VIA EMAIL.

**PARTICIPANTS MUST BE 16 YEARS OLD.

QUESTIONS? EMAIL MAYOR JILL HARDY AT JILL.HARDY@SURFCITY-HB.ORG