



**Youth Community Agriculture Program
Crew Member Application**

_____ 2017 _____
Date of Application Year for which you are applying

Last Name First Name Middle Initial

Street Address

City State Zip Code

Phone Number Email

Date of Birth: _____ Social Security # _____

Emergency Contact Relationship Phone Number (cell) Phone Number (home/work)

Do you have any Volunteer Experience? If yes, when and where? (Attach additional pages if necessary)

Did you participate in the Metro Youth Advocates Program or Shawnee Youth Advocates Program?
 Yes No If so, when _____

Have you completed the Mayor's Summer Works enrollment process through KentuckianaWorks?
 Yes No

T-shirt size: (circle one) Small Medium Large Extra-Large

Shoe Size: _____

Do you have your own transportation? _____

