



Youth Apprenticeship Application

Personal Information

Student First Name:		Last Name:	
Student Address:			
City:	State: WI	Zip:	County:
Student Email Address:		Student Phone:	
Date of Birth:	Gender: Select One	Race:	Select One
School District:	Cumulative GPA:	Graduation Year:	
Parent/Guardian Name:			
Parent Email:		Parent Phone:	

Career Cluster / Youth Apprenticeship Area

Check the Youth Apprenticeship/Work Based Learning in which you are interested: (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Agriculture, Food & Natural Resources | <input type="checkbox"/> Architecture & Construction | <input type="checkbox"/> Arts/ AV Technology & Communications |
| <input type="checkbox"/> Business Management & Administration | <input type="checkbox"/> Education & Training | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Government & Public Administration | <input type="checkbox"/> Health Science | <input type="checkbox"/> Hospitality & Tourism |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Law, Public Safety, Corrections & Security |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Marketing | <input type="checkbox"/> Science, Technology, Engineering & Mathematics |
| <input type="checkbox"/> Transportation, Distribution & Logistics | | |

Are you currently employed in your Youth Apprenticeship/Work Based Learning area? Select One

Signatures

I, _____ have read, received and consent to the execution of the following documents: (Check all you authorize)

- | | |
|--|--|
| <input type="checkbox"/> Youth Apprenticeship Criteria/Expectations Consent Form | <input type="checkbox"/> Accident and Release of Liability |
| <input type="checkbox"/> Photography Waiver | |

Student Signature:	Date:
Parent/Guardian Signature:	Date:

Office Use Only

Is the student classified as at-risk by the school district's definition? Select One
Does the student have an active Individualized Education Plan (IEP)? Select One
Does the student receive any 504 accommodations? Select One



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Youth Apprenticeship Consent Form

I, _____, understand that to apply, I must have qualifying grades, be on track for graduation, and have good attendance and behavior records. If I am hired, I must have reliable transportation to school and work. I understand my performance at work, along with my attendance will be factors considered in determining credit granted for this youth apprenticeship. I also understand my employer has the right to terminate me from my position if I am not meeting performance expectations, which may result in credit deficiency. Additionally, I understand that the Northeast Wisconsin Youth Apprenticeship Consortium and all its affiliated school districts and employed entities are not responsible for any injuries or medical conditions that may arise during this youth apprenticeship opportunity. Lastly, I grant permission to the school districts to release and share any information to the Work Based Learning Employer that may affect the safety and welfare of myself. I acknowledge that as a Northeast Wisconsin Youth Apprentice it is my responsibility to communicate with my employer, the youth apprenticeship coordinator, my teachers, and others affiliated with the program any information pertaining to myself as it affects my participation in the program.

Accident, Release of Liability, Photography Waiver

I, _____ hereby assume all of the risks of participating in the Northeast Wisconsin Youth Apprenticeship Consortium, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault. In consideration of my application and permitting me to participate in this Work Based Learning program, I hereby act for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from Work Based Learning location. FOLLOWING ENTITIES OR PERSONS: Northeast Wisconsin Youth Apprenticeship Consortium staff and/or their coaches, agents, representatives or volunteers.
- (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this Work Based Learning program, whether caused by negligence or otherwise.
- (C) I WAIVE, RELEASE, AND DISCHARGE any and all liability associated with any medical conditions I may be diagnosed with or being treated for. I understand it is my accountability to communicate any necessary medical conditions to my manager at the Work Based Learning workplace and understand that the FOLLOWING ENTITIES OR PERSONS: Northeast Wisconsin Youth Apprenticeship Consortium staff, nurses, and/or agents, representatives or volunteers are not liable for managing my medical treatment while at my Work Based Learning location.
- (D) I consent and agree that the Northeast Wisconsin Youth Apprenticeship Consortium and/or their staff, agents, representatives, or volunteers may take photographs or digital recordings of me as a participant during this program and use these in all media for training or promotional purposes. I further consent that my identity may be revealed therein or by description text or commentary. I waive any rights, claims or interest and I understand that there will be no financial or other remuneration. The accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.