



Identified Gender: _____

Gender Assigned at Birth: (circle one)

Female

Male

Pronouns: _____

Trainee Application Ages 16-24

Student Information: (Please Print)

Application Date: _____

Preferred Name: _____

Legal Name: (First, Middle, Last) _____ Birthday: _____

Home Phone: _____ Cell Phone: _____

Email: _____ How many people live in your household? _____

Address: _____

White Hispanic/Mexican American Black/African American Asian/Pacific Island
American Indian or Alaskan Native Multi-Ethnic Middle Eastern

Education Level: 9th 10th 11th 12th Currently working on GED
College/Vocational School High School Diploma Have GED

Last School Attended: _____ City: _____ State: _____

Guardian/Emergency Contact: _____

Relation to you: _____

Address: _____

Phone Number: _____ Email: _____

Do you have any special needs or health issues? If so, please list them as well as the medications you are on:

Are you a United States citizen?: Yes No

If no, are you legally entitled to work in the United States?: Yes No

Are you currently employed?: Yes No

If Yes, where & length of time: _____

How did you hear about Life's Kitchen?:

- Life's Kitchen trainee or graduate
- Family member or friend (not a trainee)
- Brochure or other marketing material
- Website
- Caseworker
- Probation or parole officer
- Other (please explain): _____

Do you have a juvenile record?

If yes, explain why and when: _____

Do you have any warrants, upcoming court dates, or legal issues?: Yes No

If yes, explain: _____

Have you ever been convicted of a misdemeanor? Yes No

If yes, explain why and when: _____

Have you ever been convicted of a felony? Yes No

If yes, explain why and when: _____

If applicable:

Probation Officer: _____ Phone: _____

Email: _____

Juvenile Service Coordinator: _____ Phone: _____

Email: _____

Why are you interested in becoming a Life's Kitchen trainee?:

What are three of your personal, short-term goals you believe Life's Kitchen can help you achieve?:

1. _____

2. _____

3. _____

Trainee History: (Place an 'X' in the boxes that apply to your personal history)

- Self-injury
- Single parent home
- You are a parent
- Attempted suicide
- Abused (sexual, emotional, and/or physical)
- Adopted
- Homeless/couch surfing
- Currently on food stamps

Have you ever been diagnosed with a physical or mental disability?: Yes No

If yes, please specific: _____

Have you been diagnosed with a learning disability or have you ever had an IEP? Yes No

If yes, please describe: _____

Have you ever used drugs or alcohol?: Yes No

What types?: _____

Are you currently using any substances?: Yes No

If not, how long have you been sober?: (in months) _____

What is your household income?: \$_____ / year

Listed below are some of the Life's Kitchen Program Requirements (please initial after each requirement):

- I understand that **daily attendance** is required _____
- I understand that I must be on time and prepared to stay the entire day _____
- I understand that 100% participation is expected _____
- I understand that I must be willing to accept instruction from my instructors and supervisors and complete the work that is assigned to me with a positive attitude _____
- I understand that I must have a willingness to confront my personal challenges and/or barriers _____
- I understand that I must be clean and sober _____
- I understand that Life's Kitchen does not provide housing, transportation to or from the program, or counseling _____
- I understand that Life's Kitchen may use my image in public relations material _____

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this form. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. Intentional false statements and/or forgery may result in termination/disqualification from Life's Kitchen.

Applicant Signature: _____ Date: _____

Guardian Signature (if under 18): _____ Date: _____

To be completed by Life's Kitchen staff:

Projected Start Date: _____

Life's Kitchen Checklist

1. Take a tour and complete this application
2. Bring in a copy of your transcripts from the last school year you attended – OR – a copy of your high school diploma – OR – a copy of your GED or HSE obtainment
3. Provide a letter of support from someone in your life (such as your school counselor, therapist, teacher or probation officer if applicable.)
- 4. ONCE YOU HAVE GATHERED ALL OF THESE ITEMS, CALL THE PROGRAM DIRECTOR, SUE AT (208) 331-0199 x305 TO SCHEDULE AN INTERVIEW.**