

BRAVEHEART TEEN INITIATIVE
Employment Application



Applicant Information				
Last Name		First		M.I.
Street Address			Apartment #	
City		State	Zip	
Home Phone		Cell	Other	
E-Mail				
Social Security No.		Date of Birth		Sex M F
Are you over 18 years old? Y N		Do you have reliable transportation? Y N		
How does your family feel about your involvement with BRAVEheart programs?				

Parent/Guardian Information				
Last Name		First		M.I.
Street Address			Apartment #	
City		State	Zip	
Home Phone		Cell	Other	
E-Mail				

Last Name		First		M.I.
Street Address			Apartment #	
City		State	Zip	
Home Phone		Cell	Other	
E-Mail				

School Information			
School you currently attend			Grade
Will you be there next year? Y N		If no, where?	
High School			
From To		Did you graduate? Y N Degree	
College		Address	
From To		Did you graduate? Y N Degree	
Other		Address	
From To		Did you graduate? Y N Degree	

What activities (church, school, community) are you involved or plan to be involved in next year?

Do you hold office in any of the above activities? Y N If yes, list.

Are you currently an active member of a local church? Y N If yes, which one?

Other Information	
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Are you currently employed	Y N	If yes, where?
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How many hours a week are you working?
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How many hours a week are you involved in other activities?

What are your future goals and aspirations? _____

Why have you chosen to be involved with the BRAVEheart Teen Initiative? _____

List 3 reasons that you believe teens should wait to have sex:

1 _____

2 _____

3 _____

Have you ever seen or been involved with a BRAVEheart presentation? Y N

If yes, please explain. _____

What experience do you have to bring to the BRAVEheart program? _____

What are your strengths? _____

What are your weaknesses? _____

Presentation Team Only- Please list any public speaking experience (including school presentations) that you have

Presentation Team Only- Please describe any acting/drama experience that you have

How comfortable do you feel speaking/acting in front of a group

Very Comfortable Comfortable Somewhat Comfortable Uncomfortable Very Uncomfortable

How comfortable do you feel speaking to peers or adults about sexually related issues such as pregnancy, abortion, adoption, and/or STD's?

Very Comfortable Comfortable Somewhat Comfortable Uncomfortable Very Uncomfortable

Applicant's Certification And Agreement

I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize the Care Net Pregnancy Center/BRAVEheart Teen Initiative Program to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the center and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions based upon such information.

Applicant's Signature _____ Date _____