TRAINEE APPLICATION



South Whidbey Commons is a non-profit, volunteer-run, youth-powered coffeehouse that coordinates with community and schools to provide youth on-the-job training to prepare them for the real world of work while providing academic credits toward graduation (if approved).

Personal Identification In	Date of Application						
Last Name	First Name						
Preferred Pronoun	Ethnicity (optional - for	Ethnicity (optional – for DOL statistics)			Grade Level		
Parent/Guardian Name			School		Advisor Name		
Contact Information							
Address			Email Address				
City, ST ZIP			Phone (prefer mobile)				
Availability and Interest I Must be available for <u>at least</u> ONE shift Date Able to Start?	'	What Days <u>AND Hours</u> . SUN	Are You Available? MON TUE	WED	THU	FRI	chool's program. SAT
Hours per Week Wanted? Have you volunt		Have you volunteered, t	d, trained, been employed or applied to The Commons in the past? If so, when?				
Personal References (other		lude at least ONE teacher	or administrator.				
Reference's Name	Phone Number	Phone Number			Phone Number		
Reference's Occupation	Relation to you?		Reference's Occupation		Relation to you?		
Reference's Name	Phone Number	Phone Number			Phone Number		
Reference's Occupation	n Relation to you?		Reference's Occupation		Relation to you?		

Existing Skills and Qualifications Please provide any certificates, degrees, skills, training,	or other experience you have that n	nay help South Whidbey Commons assess the leve	l of training needed.
Desired Skills to be Trained in			
Please indicate what you are most interested in being tr	ained in. You will be trained in all o	entry-level skills, but once the basics are mastered	, we can help specialize in your interests.
I affirm that information contained in this eligible for school credit. I authorize Sout	•		
Parent/Guardian (if applicant under 18)	Phone Number	Parent/Guardian Signature	Date Signed
Parent/Guardian Address (if different from applicant)		Applicant Signature	Date Signed

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Managers/Trainers/Mentors, please put your name at the left if you completed the Trainee's assessment, provide their assessment testing score, and the date the test was successfully completed.

Receiving Manager		ceived	Health & Safety Trainer/Tester	Score	Date Completed
Contacting Manager		ntacted	Sanitation Skills Trainer/Tester	Score	Date Completed
Orientation Manager		iented	Kitchen Prep Skills Trainer/Tester	Score	Date Completed
First Training Day	Last Day as Trainee		Kitchen Cooking Skills Trainer/Tester	Score	Date Completed
Overall Reliability Assessment Observer	Score	Date Completed	Customer Service Skills Trainer/Tester	Score	Date Completed
Overall Proficiency Assessment Observer		Date Completed	POS / Money Skills Trainer/Tester	Score	Date Completed
Overall Attitude Assessment Observer		Date Completed	Barista Skills Trainer/Tester	Score	Date Completed
Total Training Hours Completed		Date Completed	MANAGER PROGRAM COMPLETION SIGN-OFF		Date Completed