

## Andrean High School

Experiential Learning Engagement Application

CHRIST IS MY TEACHER

APPLICANT INFORMATION												
Last Name					First				4.I.	Date	Date	
Street Address							ļ	Apartment/Unit #				
City					State				ZIP			
Phone					E-mail Address							
Date Avail	Available		Days per week available				Times available					
Position Applied for												
Current Grade Level: Circle one of the below												
		Freshman Sophomore		Junior			Senior					
RELEVANT COURSE WORK												
Please list the title of the course												

## WHY ARE YOU INTERESTED IN THIS EXPERIENCE?

PREVIOUS EMPLOYMENT OR COMMUNITY SERVICE (IF NONE, LEAVE THIS BLANK)								
Company:								
Responsibilities:								
Length of Service:	Start Date:	End Date:						
Company:								
Responsibilities:								
Length of Service:	Start Date:	End Date:						

## DISCLAIMER AND SIGNATURE OF STUDENT

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to engagement in the experience, I understand that false or misleading information in my application may result in my release from the experience.

Signature

Date

## PARENTAL PERMISSION AND SIGNATURE

I grant permission for my child to apply for this volunteer experiential learning activity and acknowledge that my child is representing Andrean High School within this experience and is to adhere to all rules and expectations as set forth by Andrean High School and the host Supervisor.

Signature

Date