

**DANE COUNTY AREA YOUTH APPRENTICESHIP  
APPLICATION FORM**



A project of the Dane County Area School Districts

Students: Complete pages 1-2 electronically. Print. Have your parents then complete page 3.

Application Date:

Student First Name:  MI  Student Last Name:

School District:  Personal E-mail:

Home Address:

City:  State:  Zip:

Cell phone:

Birthdate:  Expected Graduation Year:

Parent(s)/Guardian Name:  Parent(s)/Guardian Name(2):

Home Phone:  Home Phone(2):

Cell Phone:  Cell Phone(2):

Parent E-mail:  Parent E-mail(2):

Work Phone:  Work Phone:

Name of person with whom student resides:

**Choose a Program**

Pathway (if you know):

Do you already have employment lined up in this YA program area?  Yes  No

Do you need assistance in securing a work site?  Yes  No

**Related Technical Instruction**

Please list your related courses that you will take during your Youth Apprenticeship. (2 courses per year of enrollment in YA.) See your schools approved related course list.

1st Sem.	<input type="text"/>	2nd Sem.	<input type="text"/>
3rd Sem.	<input type="text"/>	4th Sem.	<input type="text"/>

**Career Preparation** - List all classes that you have taken that have helped prepare you for this career path.

**Community Service**-List any volunteer or community service activities (school, community and/or church) you have participated in. (Also list activities that you plan to do while part of Youth Apprenticeship; denote these with a \*)

List any responsibilities or obligations that you have after normal school hours (i.e., sports, work, school or community activities, family/childcare).

**Applicant Statement**

Explain why you are applying for Youth Apprenticeship and what you hope to gain from participation. Do not exceed 250 words.



Create a LinkedIn profile to help get your career started. Please Follow DCSC on LinkedIn to get access to YA career opportunities.  
<https://www.linkedin.com/company/dane-county-school-consortium>

## Parent/Guardian Statement of Support

*Transportation is the responsibility of the parent. Students may need to commute to a position outside their community. This may be a deciding factor on whether or not a student is involved in Youth Apprenticeship. Do you foresee any limitations pertaining to location (i.e., downtown Madison)?*

*Please mark one. If yes please state driving limitations.*

No     Yes

Why would your daughter/son be a good candidate for the Youth Apprenticeship program and how are you willing to support your child's involvement in the program?

### **CERTIFICATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge."

Date

Parent/Guardian Signature

Date

Student Signature

Date

School-to Career Coordinator

## RECOMMENDATION FORM

Recommendation Form Requirements:

\*2 School Recommendations

\*1 Community Recommendation

Student Name:

School District:

*Please check one:*    Choose a Program

This student is applying for the Youth Apprenticeship Program. In order to successfully evaluate this person's potential we would like you to complete this form and return it to the person listed below.

Personal Work Habits (how student approaches obligations.)	Excellent	Above Average	Average	Below Average	Poor
Takes Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits (on time, reliable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please provide any additional explanation of your ratings.**

***I would like to recommend that the above student be considered as a candidate for the program.***

Printed Name:

Relationship to Applicant

Signature Field

Date

Title/Business/School

Phone

***Please return this form to:***

***Local School to Career Coordinator or the***

Dane County School Consortium - [jfassl@dcsc.org](mailto:jfassl@dcsc.org)

5301 Monona Dr.

Monona, WI 53716

**RECOMMENDATION FORM**

Recommendation Form Requirements:  
\*2 School Recommendations  
\*1 Community Recommendation

Student Name:

School District:

*Please check one:* Choose a Program

This student is applying for the Youth Apprenticeship Program. In order to successfully evaluate this person's potential we would like you to complete this form and return it to the person listed below.

Personal Work Habits (how student approaches obligations.)	Excellent	Above Average	Average	Below Average	Poor
Takes Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits (on time, reliable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Dane County School Consortium-jfassl@dcsc.org  
5301 Monona Dr.  
Monona, WI 53716

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Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits (on time, reliable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please provide any additional explanation of your ratings.**

***I would like to recommend that the above student be considered as a candidate for the program.***

Printed Name:

Relationship to Applicant

Signature Field

Date

Title/Business/School

Phone

***Please return this form to:*** ***Local School to Career Coordinator or the***  
Dane County School Consortium  
5301 Monona Dr.  
Monona, WI 53716



### Parent/Guardian and Student Certification/Release Form

Student Name:

School District:

Parent Name:

Course Enrolled:

#### ***Parent Certification and Release:***

Initial  I understand that all tuition/fees/textbook costs for any college coursework through the Youth Apprenticeship Program not covered by the school district but required for my child during his/her training site will be my responsibility. I also understand that if my son/daughter fails the course I may be required to reimburse the school district for the cost of the course.

Initial  I understand that a parent or guardian must attend, along with my child, any orientation session that may be required for the work based learning program.

Initial  I authorize the release of transcripts of grades and attendance records to the DCSC (Dane County School Consortium) office.

Initial  I authorize instructional staff (Madison College/UW/DCSC) to release my son/daughter's grade/performance to DCSC staff for courses related to this program.

Initial  I authorize my child's high school and the DCSC office the use of the following; written/oral testimonials, photographs and/or video or digital recordings with my child's image, in publications and/or news releases.

Initial  I understand that I am solely responsible for transportation of the undersigned student to and/or from the program's classroom and/or worksite and for all loss involved in said transportation.

Initial  I certify that my child, if driving to and from the classroom or worksite, has a valid driver's license and adequate car insurance.

Student: Signature Field

Date

Parent/Guardian: Signature Field

Date