

Visions of Hope Training Program

Dress 2 Impress Resale

117 E Columbia Street Farmington, MO 63640

(573) 664-1711

Vocational Training Program Application

Please Print Clearly

Name (Last, First Middle)	Birthdate
Address	Telephone () -
City State	Zip

What do you want to do after you graduate from school? Ex. College, work, program	What career field can you see yourself in after school? Ex. Food, retail, service
Describe yourself using 3 words...	Tell me about something you feel especially proud about...
What do you think your strengths are?	What is the biggest challenge that you would like to overcome?

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How do you think working at Visions of Hope will help you in the future?	What do you hope to learn from your internship?
Do you have any known allergies or conditions that may inhibit your ability to complete the training program?	If so, please explain
Emergency name and phone number	School Case Manager (if applicable)
Primary and/or Secondary Diagnosis	Accommodations Needed

****Please read and sign below if you agree***

I understand that if I am offered a training position at Visions of Hope, the training will be an unpaid internship where I will be given the opportunity to learn new skills and gain experience so that I will be better prepared to enter the workforce.

Signature

Date