



Youth Job Training Program Pre- Application

Personal Information

Name:

Address:	City	State	Zip Code:
Home Number:	Email Address		
Mobile Number:	Date of Birth:		

Program Interest

Read through the lists and identify which activity strikes your interest. Then, place a checkmark on what area you would be interested in focusing on.

<input type="checkbox"/> Barista	<input type="checkbox"/> Catering
<ul style="list-style-type: none"> • 9 week cycle • NYC Food Protection License • Counter Culture Barista Certification <ul style="list-style-type: none"> ➢ Brewing ➢ Pulling Shot ➢ Steaming Milk ➢ Latte Art ➢ Bar Maintenance • Job Placement Support • Front of House • Maximum Custom Services Experience • Resume and Interview Skills • Communication Skills 	<ul style="list-style-type: none"> • 9 week cycle • NYC Food Protection License • Job Placement Support • Back of House • Knife Skills • Food and Preparation techniques • Catering Events • Resume and Interview Skills • Communication skills

Signature Disclaimer

Trainees are required to meet all of the following expectations. Please check each line indicating you understand these commitments:

- I am ready and available to enroll in GrandLo Café Youth Job Training Program from _____.
- I will commit to completing the program, I am required to complete 20 hours per week and have an open availability Monday through Sunday from 8:00 am – 4:00 pm.
- I understand that it is the right of each trainee in the cohort to participate in an atmosphere that is conducive to learning, and I agree it is my responsibility to help make it so.
- I understand the above program requirements and the failure to meet the above requirement may result in removal from the Youth Job Training Program.
- I understand that the GrandLo Café staff are available to support me, but that I am ultimately responsible for my education.

Name (Please Print)
Date

Signature

For Parent or Guardian of Applicants Under 18 Years of Age:

I have reviewed this application and I authorize my son/daughter/legal ward to apply to the Youth Job Training Program.

SIGNATURE

DATE

Name: _____ **Relationship:** _____
FIRST LAST

Phone: (____) _____ **Email:** _____

Address: _____
STREET ADDRESS CITY STATE ZIP CODE