



USS Constitution Museum
Box 1812
Boston, MA 02129
617 426-1812

PLEASE COMPLETE ALL INFORMATION
Youth Empowerment Summer (YES) Program
2008 Summer Employment Application

PERSONAL DATA

Name (last, first, middle initial)

Email Address

Social Security Number

Date of Birth

Gender (optional)

Street Address

City

State

Zip Code

Home Telephone

Parent/Guardian Name(s):

Name/relationship

Name/relationship

Work Phone

Work Phone

Home Address (if different from above)

EDUCATION RECORD

Name of High School

Date Entered

Guidance Counselor

Expected date of graduation

School Address

Current Grade Level

Grade Point Average

Favorite Subject

OVER →

REMINDER: You must register for the Boston Youth Fund Hopline in order to participate. Please visit <http://www.bostonyouthzone.com/teenzone/employment/byf/> if you need more information. Please indicate below if you have registered or intend to do so.

YES or NO (circle one)

If yes, what is your registration number? _____

RECOMMENDATION

Please have an adult who is not related to you comment on your ability to be a successful intern at the USS Constitution Museum, elaborating on your skills, strengths and weaknesses. (Teacher or supervisor preferred)

OVER →

PERMISSION AND SIGNATURES

I hereby apply for admission to the USS Constitution Museum Youth Empowerment Summer Program. If admitted, I will abide by the rules and regulations of the Program and follow the instructions of the Program staff. All of the above information is true and accurate to the best of my knowledge.

Applicant's signature

Date

I understand that my son/daughter is applying for entry to the USS Constitution Museum Youth Empowerment Summer Program. Should he/she be accepted, I hereby give my permission for him/her to participate in this summer internship program. I understand that my son/daughter may be traveling by public transportation to and from the Program and on adult supervised field trips to local area museums. I approve of this application and grant permission for the release of all records pertaining to the above named applicant, including any special needs assessments, past and current education assessments to the USS Constitution Museum, Youth Empowerment Summer Program. I also give permission for my daughter/son's photograph to be used in USS Constitution Museum's website, publications, or for funding opportunities to support the YES! Program. I understand that in such instances, my son/daughter will not be identified by name.

Parent/Guardian Signature

Date

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____

Work Phone: _____ Home Phone: _____

Address: _____

City: _____ State: _____

Relationship: _____

Please complete application by April 1, 2008 and return to:

Laurie Pasteryak
USS Constitution Museum
Box 1812
Boston, MA 02129