

SUMMER TEENS 2009
Profile Sheet
Arlington Food Assistance Center

YOUR NAME: (Last) _____ **(First)** _____

Home address: _____

City: _____ **State:** _____ **Zip code:** _____

Home phone: _____ **Cell phone:** _____

Email: _____

Emergency Contact name & phone: _____

SCHOOL NAME & SCHOOL ADDRESS: _____

Grade in Fall 2009: _____

School Advisor: _____ **School Principal:** _____

Applying for: (circle one) **Warehouse helper** **Office helper**

Days you plan to be available:

Weeks you will NOT be available (we understand that your plans may change):

Hobbies, interests & skills: