GROW: Empowerment and Employment Training Program

Please return to: Bright Spot Farms 710 N. Lincoln Street Wilmington, DE 19805

302-255-2993 brightspotventures@gmail.com www.brightspotfarms.org



Trainee Application Assessment

Bright Spot Farms does not discriminate on the basis of race, income, or disability. All levels of education and experience are encouraged to apply. Trainees must be between the ages of 16-24 and have a mode of transportation (bus, car, other) to reach BSV office (710 N. Lincoln Street, Wilmington, DE 19805) and the Herman Holloway campus (1901 N. Dupont Highway, New Castle, DE 19720).

Applicants will be contacted for an interview during the month before the start of each session.

I am available fo		he GROW program: (Check sion: April-June : September-November	c all that apply)
Full Name:	M.I.	Da	ate of Birth:/
Address:	14.1.	11130	וווו שש ויוויו
Street Address	Apartment/Unit #	City	State Zip Code
Phone: Alternate I	Phone:	Email	
Are you a citizen of the United States and If no, do you possess an Alien Registration. Do you have a reliable method of transport yes, check all that apply: My own condition Do you have children? Yes No	on Card? ☐ Yes ☐ No ortation to work? ☐ Yes ☐ No ar ☐ Ride from a friend → If yes, do you have access al offense (misdemeanor or	Do you have a lo Ride from a relative ess to reliable childcare? felony)? Yes No	a driver's license? Yes No No No No No No No No No N
EDUCATION: Highest grade completed (Please choose Do you have a GED or High School Diplor Are you enrolled/attending school? Ye	ma? GED High School		omplete middle school

EMPLOYMENT:			
Current Employment Status:	☐ Employed Part Time	and actively seeking a job)	
Most recent employer:	Employe	er's location:	Position:
How many previous jobs ha	ve you had?	How long wa	s your longest position held?
Please list any relevant expecertifications:	erience or		
OTHER:			
	☐ Soc ☐ Flye ☐ Dep ☐ Divi ☐ Vet ☐ Prol	erral – Name ial Service Agency. Name of er. Where? ot. of Labor ision of Vocational Rehab (D' erans' Employment & Trainir bation or Parole. er	agency VR) ng Service
		pplicant's Signature ON IS NOT COMPLETE UN	TIL SIGNED
be sufficient cause for my ap program. I authorize the investigation of schools, previous employers,	plication to be rejected or, if disconnected or all matters contained in this ap references and others. I hereby it	overed after I am enrolled, caus plication and hereby give West release West End Neighborhood	plete or misrepresented information of any kind will e for immediate termination of my enrollment in the End Neighborhood House permission to contact House and those it contacts from any liability
whatsoever as a result of suc	th contact and the information pro	ovided and received as a result of Signature	or such contact.