

City of Hope – City of Duarte Summer Mentorship Program

Applicant Information				
Last Name:	First:	M. I.:	Date:	
Street Address:		Apartmen	t/Unit #:	
City, State, Zip:				
Home Phone:	Cell Phone:			
Date of Birth:	Social Security No. :			
Counselors Name:	Email Address:			
Name of Current School:	Grade:	11 th	12 th	
Please list the different business, medical or science related ca	areers in which you are interested	d:		
Explain WHY and HOW participating in the work-based learning experience will benefit you.				
Do you have family, relatives or friends that work in the health care profession or at (individual health facility)?				
Do you have family, relatives of mends that work in the health	reare profession of at (individual	i neaith ia	Cility):	
List any volunteer or part-time work experience that you have had or currently have:				



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Please check all computer programs you are comfortable with:		
Word Excel PowerPoint Other Please specify:		
Have you taken computer classes at school? If so, please list: Typing speed:wpm Other related skills:		
In addition to English, in which language(s) are you fluent?		
What is your definition of a good employee?		
I have participated in other City of Hope programs: Yes No		
If yes, explain:		
Personal Hygiene/Cleanliness:		
 Hair is to be clean and well groomed. Body hygiene is required so that offensive body and/or breath odor is avoided including cigarette smoke. Cosmetics should be appropriate for a business environment and not detract from a person's appearance. Strong perfumes, colognes, lotions and/or after-shave lotion should not be worn. I accept and acknowledge the hygiene rules: Yes No		



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Inappropriate Attire Not Permitted at City of Hope:			
 Jeans, denim, or denim-like fabric. Shorts of any type, tights alone, leggings, mini-skirts, sweat pants or shirts, and athletic wear. T-shirt, undershirts or sleeveless shirts worn by themselves. Midriff, off-the-shoulder, spaghetti-strap, or strapless blouses, sweaters, and dresses. Hats, caps, or visors worn indoors. Torn, wrinkled, unclean or ill-fitting clothing. 			
I accept and acknowledge the dress code requirements: Yes	No		
I have read the requirements and understand the program.			
Student's Signature:	Date:		
Parent's Signature:	Date:		
Parent's Name (printed):	Work Phone Number:		