



TEEMworks

(Teen, Employment, Engagement and Mentorship)

Application for Program Participation

175 Green Lane • Philadelphia, PA 19127 • T215.483.4800 • F215.483.6728 • northlightcommunitycenter.org

Applicant Full Name: _____ **D.O.B.:** _____

Address: _____
Street City State Zip

Email Address: _____ **Contact Number:** _____

Highest Education Level Completed: _____

Parent/Guardian: _____ **Contact Number:** _____

Social Media Handle: _____ (ex. northlightcommunitycenter)

Career Interests:

1. _____
2. _____
3. _____

Preferred Contact Method

- Text Message
- Social Media
- Email
- Phone Call

Cohort Preference

- Cohort 1: Feb 12th – Mar. 21st
- Cohort 2: Jun. 17th- Aug. 2nd
- Cohort 3: Sept. 2nd – Oct. 11th



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Photo/Video Release Form

North Light Community Center occasionally uses photographs/video of volunteers/clients/patrons and events in publications, news releases, online, and in other communications related to the mission of North Light. Please sign this release form to grant North Light permission to use your photo/video.

I, the undersigned, do hereby release and hold harmless North Light Community Center and any of its authorized agents or contractors from any and all obligations and claims of any nature whatsoever, on my part or the part of my heirs or assigns, which may arise now or in the future, from the use of any photographs, audio or video tape or film in which a likeness or representation of myself shall appear or of my voice or a characterization in which I shall participate and acknowledging that the use of said photograph, tapes and promotional material attendant thereto may be edited and used at the absolute discretion of North Light Community Center.

North Light Community Center reserves the right to discontinue use of photos without notice.

Name of Subject: _____

Address: _____

Phone: _____ Email: _____

Printed Name of Parent/Guardian if signing for Minor: _____

Address: _____

Phone: _____ Email: _____

Signature of Participant Subject or Parent/Guardian

_____ Date: _____



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Emergency Contact

Emergency Contact #1: _____ Relationship: _____

Contact Number: _____

Emergency Contact #2: _____ Relationship: _____

Contact Number: _____

Acknowledgement of Medical Condition, Administration of First Aid, Other Medical Services & Transportation.

Participant and Parent/Guardian hereby represent that Participant has no known medical condition that would prohibit or limit participation in Program activities. Participant and Parent/Guardian hereby authorize North Light Staff to administer to or seek for Participant first aid and other emergency medical services (including, without limitation, the Heimlich maneuver, mouth-to-mouth resuscitation, cardio-pulmonary resuscitation (CPR) and defibrillation) and transportation for further medical care.

It is recommended that you fill in the following medical information, although it is not mandatory that you do so. Participant will still be permitted to attend the Trips, Events or Volunteer Opportunity. In any emergency situation, North Light Staff will always try to contact parents/guardian or other emergency contact first but in the instance that we may not be able to contact anyone, the above listed methods will be used until a parent is able to be reached.

Medical & Insurance Information

Health Insurer _____ Policy No. _____

Medical Care Provider: _____

Address: _____

Phone Number: _____ Fax number _____