

Vermont Early Childhood Education Pre- Apprenticeship Program Application

Date: _____

Personal Information

Name: _____

Mailing Address: _____

City/State/Zip: _____

County: _____ Email: _____

Phone Number(s): Home: _____ Work: _____ Cell: _____

Social Security Number _____ Date of Birth: _____ Gender: _____

(mm/dd/yyyy)

Preferred language: _____ Pronouns: _____

Emergency Contact Information

Emergency Contact Name: _____

Relationship: _____ Phone: _____ Email : _____

Ethnicity

Do you consider yourself...?

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino or other Asian) |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander (includes Samoan, Chamorro or other Pacific Islander) | <input type="checkbox"/> Other (two or more races) |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> White | |

Do you consider yourself Latinx?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes (includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish) | <input type="checkbox"/> No |
|--|-----------------------------|

How did you hear about the Pre- Apprenticeship Program?

- | | | |
|--|---|---|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> My Center Director | <input type="checkbox"/> Child Development Division |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Colleague |
| <input type="checkbox"/> Northern Lights @ CCV | <input type="checkbox"/> Workshop | <input type="checkbox"/> Mentor: _____ |
| <input type="checkbox"/> College | <input type="checkbox"/> Website | <input type="checkbox"/> Other: _____ |

Education Information:

Grade for 2023-2024 School Year: _____

Name of High School you attend: _____

Name of Career & Technical Education (CTE) Center: _____

CTE Instructor or Work-Based Learning Coordinator: _____

Please check one that best describes your educational goal:

- Earn an Early Childhood or School-Age credential
- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an Early Childhood, Infant/Toddler, or School-Age Certificate
- Earn an Apprenticeship Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a 4-year college/university to earn a Bachelor’s degree
- Earn a Bachelor’s
- Earn a Master’s Degree
- Earn an Early Childhood or Early Childhood Special Education License

Have you earned college credits in the past two years?

YES, how many total credits? _____ How many ECE credits? _____ NO

Have you taken classes at the Community College of Vermont in the past? YES NO

Which CCV campus would be your primary site to attend classes? _____

Employment Status

Do you or have you ever held employment before? **YES** **NO**

What is/was your hourly wage?

How many hours per week do/did you work?

If applicable, what are/were your job responsibilities?

1. Why do you want to participate in the Early Childhood Education Pre- Apprenticeship Program?

2. Briefly Describe any experience you have working with children birth - age 8.

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Have you selected an ECE program for your internship? YES NO

Name of ECE Program:

Name of ECE program Director:

STATEMENT & SIGNATURE OF APPLICANT

I attest to the fact that the information I have provided in this application is true and accurate. Based on this information I am applying to VTAEYC for the Vermont ECE Pre-Apprenticeship Program.

Furthermore, I understand that my employer is sponsoring my apprenticeship and give permission for VTAEYC to discuss my progress in this training program with my employer. I give my permission for VTAEYC to share my participation and/ or successful completion in the Vermont Early Childhood Education Pre- Apprenticeship Program with organizations who are providing similar support.

Signature of Applicant

Printed Name of Applicant

Date

Contact VTAEYC for assistance with this application at
preapprenticeship@vtaeyc.org