

Vermont Early Childhood Education Youth- 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 Youth Apprenticeship Program?

- | | | |
|--|---|---|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> My CTE Instructor | <input type="checkbox"/> Child Development Division |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Previous Y. Apprentice |
| <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 2024-2025 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 Youth Apprenticeship Program?

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

Vermont Youth Apprenticeship Program Application

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 Youth 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 Youth 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