



BLUE LOTUS CENTER

Neurodiversity Apprenticeship Program Application

Personal Information

Name	
Address	
Who do you currently live with?	
Phone	Email
Date of Birth	

Parent/Guardian/Support Person (If Applicable)

Name	
Address	
Relationship	
Phone	Email

Is someone helping you fill out this form? Yes No

If yes, please list their name, email and phone number below:

Name	
Phone	Email

Are you your own legal guardian? Yes No

If not, please list your guardian's name, email, and phone number below:

Name	
Phone	Email

Please list and describe your medical diagnosis

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Education and Work Experience

Name of High School
Year in school or graduation date

Are you currently in a college program, day program or pre-employment program? Yes No

If yes, what is the name of the program?

Name of Program	
Contact Person	
Phone	Email

May we contact them? Yes No

Volunteer and Work Experiences

Workplace	Dates	Work Duties	Job Coach?	Amount of Support

Please list any current commitments and work schedule

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If you are hired as an Apprentice at The Blue Lotus Center, what is your availability?

I can work _____ hours per week

I can work Mon Tues Wed Thurs Fri Sat

Comments:

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Where would you like to work after you complete the Apprenticeship Program at the Blue Lotus Center?

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Tell us about yourself

What are some of your favorite things to do by yourself?

What are some of your favorite things to do with others?

"Why do you want to be an Apprentice at The Blue Lotus Center?" (audio, video, or written format).

Note to scribe: please use exact words from applicant