

SAMBULANCE

Special Needs Safety Education



A 501(c)3 Nonprofit Organization

Thanks for your interest in the SAMBULANCE Prevocational Skills Program! We are excited to review your application. Please complete the following registration packet in full and return via email to info@sambulance.org or by mail using the addresses below. Applications cannot be reviewed until received in full. A full application includes Basic Information, Skills Assessment, Medical Needs, and Release of Information forms.

BASIC INFORMATION

INDIVIDUAL INFORMATION	
Name _____	Date of Birth _____
Street Address _____	
City _____	State _____ Zip _____
Phone _____	Alternate phone _____

PARENT/GUARDIAN INFORMATION	
Name _____	Relationship to individual _____
<input type="checkbox"/> Address (check if same as above)	
Street Address _____	
City _____	State _____ Zip _____
Phone _____	Email _____
Name of other(s) authorized for pick up _____	

EMERGENCY CONTACT	
Name _____	
Phone _____	Alternate phone _____

SAMBULANCE

Special Needs Safety Education



A 501(c)3 Nonprofit Organization

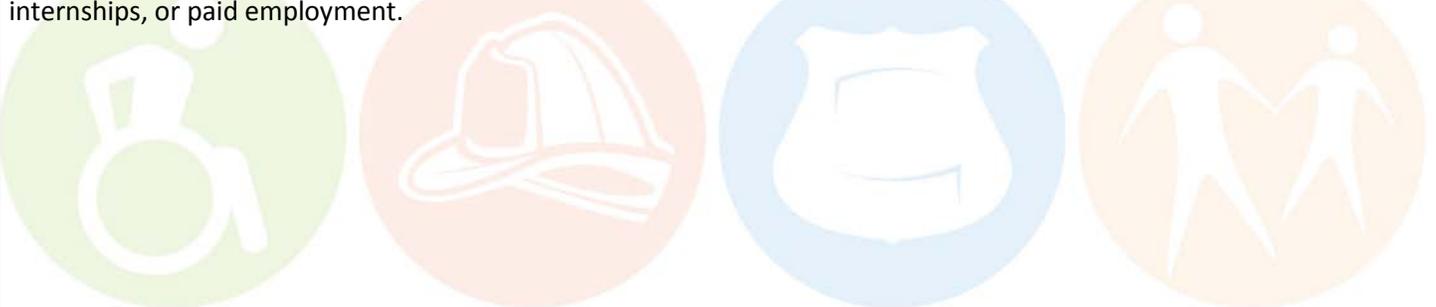
SESSION SELECTION (Please check one)

All sessions run Monday-Friday, 8:30AM-4PM onsite at DiggerlandUSA in West Berlin, New Jersey. Session cost is \$400.

- Session 1: July 9-13
- Session 2: July 16-20
- Session 3: July 23-27
- Session 4: July 30-August 3
- Session 5: August 6-10

PRIOR JOB EXPERIENCES

Please describe any past work experiences including school structured opportunities, volunteer experiences, internships, or paid employment.



For office use only:

Received: _____ Contacted: _____ Paid: _____ Session Scheduled: _____