Green Team



Summer Program Application

Name:		
Address:		
City:	State:	Zip code:
Home phone:		Cell phone:
E-mail address:		
Name of school you atte	nd:	Grade you are entering:
Name of GED program y	ou attend:	
Age:		
What is the best time to	contact you by phone?	
What is the best phone r	number to use in order	to contact you (please check one)? Home Cell
Are you able to commit	o participate in the full	program (BEGIN DATE AND ENDING DATE)
Yes No		
How did you hear about	the Green Team Progra	m (please check the appropriate box below)?
Teacher	Flier Crew Leader	
Word of mouth	Website	
Friend Othe	er:	
T-Shirt size: Small	Medium Large	X-Large XX-Large
·	you have you working ning or any other type o	in the areas of trail maintenance, horticulture, landscape of outside work?
2. Do you enjoy spe	nding time outside wor	king with your hands?
Yes No		
If yes, please describe w	ny.	

(continued on other side)

you enjoy interacting with other people?
No What do you hope to learn/get out of the Green Team Program?
What knowledge, skills, experiences, accomplishments or characteristics do you have that could benefit the program?
What commitments do you have during the summer that may create a conflict in attending the program (sports, job, clubs, etc.)?

Applications are reviewed on a first come first served basis so apply immediately.

Please return your completed application to Kent Jackson at <u>kjackson@emeraldnecklace.org</u>. Please email or call me with questions at 617-522-2700.