



**THE PURPOSE PAYS PROGRAM  
Participant Application**

**\*\*\*Application must be filled out in its entirety by student only\*\*\*  
\*\*\*Must show a photo ID upon submission of application\*\*\*  
\*\*\*Must be enrolled in an EJS Project program\*\*\***

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Student Name \_\_\_\_\_ Cellphone Number \_\_\_\_\_ Shirt Size \_\_\_\_\_

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Parent Name \_\_\_\_\_ Parent Phone \_\_\_\_\_ Email \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ **Must be age 15-18 during the entire program; April 27th – July 30<sup>th</sup> 2020**

How long have you lived in Delray Beach prior to the date of this application \_\_\_\_\_

Have you previously worked for the Purpose Pays Program? \_\_\_\_\_

At school, I am most interested in these subjects or activities:

\_\_\_\_\_

Outside of school, I enjoy these activities:

\_\_\_\_\_

At home, I can be counted on to do a good job at:

\_\_\_\_\_

I feel proud of myself when I:

\_\_\_\_\_

In case of emergency please notify:

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Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**I certify that I have answered all of the above questions, and all statements are true. I understand that any misrepresentations or omissions may cause my application to be rejected, or forfeit my right to be considered for employment with the Purpose Pays Program. I understand that selection preference will be given to 'first time' participants.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date