*Please note that all signatures and initials must be handwritten. We will not accept typed substitutes. All applicants must include an up to date resume with their application.*

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which position are you applying for: ☐ Health Aide ☐ Assistant Health Aide ☐ Both

1. Why do you want to be a Health Aide at Tech Trek STEM camp for girls?
2. Please describe any relevant experiences working with middle school-aged girls or other youth.
3. Describe how the work you have done in a patient care/healthcare setting will make you a successful Tech Trek Health Aide.

**References**

Please provide the name and contact information for at least two professional references.

Name:

Email address: Phone Number:

Relationship to reference:

Name:

Email address: Phone Number:

Relationship to reference:

**Dress Code**

Not allowed:

* Bare midriffs
* Backless, strapless or spaghetti strap tops
* Clothing with profanity or offensive slogans or messages
* Alteration of the official Tech Trek T-shirt

\_\_\_\_\_\_ Initial I am willing to adhere to the Tech Trek dress code

\_\_\_\_\_\_ Initial I understand that as a dorm monitor/student counselor/health aide I will undergo a federal background check.

\_\_\_\_\_\_ Initial I agree to ensure a safe and structured learning environment for all girls involved and encourage girls to be excited about STEM and confident in their ability to learn. I will enforce all camp rules and policies.

\_\_\_\_\_\_ Initial I hold harmless AAUW, Inc. and AAUW WA, and Tech Trek, including their respective past, present and future officers, directors, employees, volunteers, agents, and representatives against any and all liabilities, injuries, losses, costs, damages, attorney’s fees, and expenses which I may sustain or incur as a result of participation in the Tech Trek camp.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Tech Trek?

o Email o Friend or community member o A teacher or parent

o Another student o AAUW Member o Social Media

Email completed form to tt-volunteer@aauw-wa.org or mail to:

Olivia Witherspoon

PO Box 1687

Brush Prairie, WA, 98606