

Questions: Call or text Kerri at 765-233-6205.

## Yorktown JAA Café Concession Stand Application 2026

APPLICANT INF	ORMATION	J					
First Name:				Your Cell Number:			
Last Name:				Male or Female:			
Address:				Your Email:			
City:				Parent Cell:			
State & Zip:				Parent Email:			
Current Age:				Shirt Size: Circle one	XS S	M L	XL XXL XXXL
Date of Birth:				Food allergies?	No or Yes	. What?_	
Sport(s) or Band? Please List.				School you attend?			
Any Health Info	l Need to	Know:	Yes or No	Please List:			
PREVIOUS WO							
Please provide the	following info	ormation f	or any jobs yo	ou have held in the past t	three years.		
EMPLOYER	ADDRESS			SUPERVISOR		PHONE	
WHY DO YOU \	WANT TO W	VORK IN	THE JAA CA	AFÉ?			
WILLO DEFENDE	D VOLI3						
WHO REFERRE EMERGENCY C							
Name:	UNTACT		Phone:		Relationship	).	
SIGNATURE			r none.		Relationship	, .	
	ubmit or sig	n this ar	onlication i	f you cannot work 2	days during	the week	and at least 1 shift
on the weeken		<u>,</u>	<u> </u>	- <del> </del>	ua yo uanni,	<u>, 1110 11 0011</u>	<u> </u>
Applicant Signatu							
Parent Signature		under ag	e of 18):				
(Applicant MUST		_	-				
SUBMISSION			<u> </u>				
Please fill out ar	nd email this	applicati	on to: <b>york</b>	townjaacafe@gmail.d	<b>com</b> or give	to Kerri Bo	ughman.
Notes:			-				
1. There will be a	Zoom inform	national m	eeting that I	asts 1 hour and a Quiz.			
			• •	2 different shifts availab	· ·		For Kerri:
<ol><li>We will use GroupMe, Google Calendar and Google Sheets to c</li></ol>					ate daily.		Zoom
<ol><li>Café season ru</li></ol>	Quiz Score						
•			_	and at least 1 shift on v	weekends.		<b>□</b> W-9
		-	-	t fulfill #5. Seriously.			☐ GroupMe
7. We are a Non-	tor Profit org	anization.	We will go	over what this means at	t our Parent I	vieeting.	☐ G. Calenda
All Information i	is Kant Confi	idential o	n thic Annli	cation			☐ G. Sheets
	is Keht Colli	iu <del>c</del> iillai 0	ii tiiis Appii	cation.			

Thank you for applying to work at the JAA Café!