Zane Middle School
2155 S Street *Eureka, Ca 95501* 707-441-2470

Office Aide Application Form

Please print and complete the entire form in black or dark blue ink.

Legal Name (last name, first name, middle initial)

/ /	

Date of Birth | Address (street or PO Box, city or town, state, and zip code)

Parent Guardian Name(s) | Parent Email Address

Home Phone | Cell Phone | Work Phone

How would you rate your ability to follow directions? (Check One)

Not interested ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Very interested

How would you rate your ability to be self motivated? (Check One)

Not interested ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Very interested

List one or two career interests: 1st choice _____ 2nd choice _____

Are you currently involved in any school programs/activities/sports? ☐ Yes ☐ No

Check all programs in which you are currently participating

☐ Sports ☐ Cheerleading ☐ Band ☐ Orchestra ☐ Choir
☐ AVID ☐ Student Leadership ☐ Yearbook ☐ Other

_____

Parent Guardian (Signature)

_____

Student (Signature)

Thank you!

PLEASE SUBMIT YOUR COMPLETED APPLICATION

Bri Verges in the Counseling Office

Student Information

Please tell us about yourself, your reasons for wanting to be an Office Aide, your hopes for your 8th grade year. The answers you give in this section will help the selection committee's final decision.

How will being a Zane Office Aide help you reach the goals you have set for yourself? You may attach a separate piece of paper if needed.

Student Name _____

(please print)