DELANO UNION SCHOOL DISTRICT SUMMER BRIDGE APPLICATION

Please ✓ position/s you are applying for:

☐ CHILD CARE TEACHER	☐ FAMILY ADVOCATES	
NAME, LAST:	FIRST:	DATE:
MAILING ADDRESS:	CITY:	ZIP:
HOME PHONE:	(CELL):	
CURRENT POSITION	LOCA	aTION:
IN THE SPACE BELOW, BRIEFI SELECTION OF STAFF LISTED EXPERIENCE. (Please be specific	ON JOB ANNOUNCEMENT. L	

REASONS YOU WOULD LIKE	TO WORK FOR THE SUMMER	BRIDGE PROGRAM:
SIGNATURE:		DATE:
	For Office Use Only	
Test Scores:		Date: