

**Career Opportunities Achievement (COACH)
Fall 2019 Program Application**

Applicant Information

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Home Cell

Email: _____

Parent/Legal Guardian Contact Information

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Home Cell

Email: _____

Education History (list most recent first)

1) Name of School: _____

Dates Attended: _____ Completed: Yes No

2) Name of School: _____

Dates Attended: _____ Completed: Yes No

Employment/Volunteer History (list most recent first)

1) Employer Name: _____

Describe Major Responsibilities: _____

Reason for Leaving: _____

2) Employer Name: _____

Describe Major Responsibilities: _____

Reason for Leaving: _____

Are you a client of the Department of Rehabilitation Services (DRS) Yes No?

If so, who is your DRS counselor? _____

Personal Goals

Why are you interested in COACH? _____

What do you want to do after COACH? _____

Self-Evaluation Inventory

Please rate yourself for each statement to the best of your ability. Read each statement carefully and be honest.

| | Never | Rarely | Sometimes | Often | Always |
|---|--------------|---------------|------------------|--------------|---------------|
| I understand what I read | | | | | |
| I communicate well in writing | | | | | |
| I can communicate ideas well when speaking | | | | | |
| I can buy things on my own | | | | | |
| I have worked a part time job | | | | | |
| I have done volunteer work | | | | | |
| I ask for help with tasks when I don't understand | | | | | |
| I can get where I want to go on my own | | | | | |
| I arrive to work/school on time | | | | | |
| I put effort into my work | | | | | |
| I am motivated to complete work well | | | | | |
| I know my strengths | | | | | |
| I know my weaknesses | | | | | |