NEW IMAGE
COLLEGE OF FINE ARTS

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A division of Global Model and Talent Inc.

TEEN JOB SHADOWING APPLICATION

Date: _____

Full Name: _____ Gender: _____

Date of Birth: _____

Local Mailing Address (including country): _____

_____

Permanent Mailing Address (if different from above): _____

_____

Email: _____

Phone Number: _____ Alternate / Emergency Phone Number: _____

Name of High School: _____

Grade: _____ Counsellor's Name: _____

Counsellor's Phone Number: _____

Please tell us about your career goals after high school: _____

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I hereby certify the information provided by me on this form is true and accurate.

(Parents must sign form for applicants under the age of 19 years old.)

Signature: _____ Parent or guardian signature: _____