

RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER AT BOHRER PARK

# Resume Workshop

Friday - January 25, 2019  
12:30pm - 3:30pm

Montgomery College  
Training Center in Olde Towne  
12 S Summit Avenue, Gaithersburg, MD 20877  
Computer Lab - Room 408



Student Union Members  
(Grades 9-12)

StudentUnion@gaitHERSBURGMD.gov  
301-258-6350 (office)  
301-948-8364 (fax)  
506 South Frederick Avenue  
Gaithersburg, MD 20877

Looking for a job and don't know where to start?  
Not sure what to do after high school?  
Come to the Career Coach Workshop to start your search, explore workforce options, and write your resume with the Career Coach Program.

**Food is not provided or permitted.**  
**Space is limited to the first 16 registrants.**

## Student Union - Career Coach 1.25.19

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City Resident  Nonresident   
Email \_\_\_\_\_

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			Career Coach	Olde Towne		
			Career Coach	Olde Towne		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

\_\_\_\_\_ **Print Parent/Guardian Name**

\_\_\_\_\_ **Signature of Parent/Guardian**

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y**  **N**   
Please specify: \_\_\_\_\_

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ \_\_\_\_\_ n/a \_\_\_\_\_ Cash  Check # \_\_\_\_\_  
Visa/MC/Disc/Amex# \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
Signature (name on card) \_\_\_\_\_  
Print Name \_\_\_\_\_

**Office Use Only: # fwd to Maura**  
Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_  
W P M F Resident: Y N  
Pr: \_\_\_\_\_ Date: \_\_\_\_\_