

District Contact Form

All candidates in the Yolo Solano Centers' Intern Program are required to submit this form in addition to a current contract/proof of employment each year.

CANDIDATE PERSONAL INFORMATION:

First Name: _____ Middle: _____ Last: _____

Last 4 SSN: _____

Signature: _____ Date _____

EMPLOYMENT INFORMATION:

School District: _____ School Site: _____

Assignment (grade & subject): _____

School Address: _____

School Phone #: _____

Principal: _____ Email: _____

Principal Signature: _____ Date: _____

Support Provider: _____

Support Provider Email: _____

Support Provider Signature: _____ Date: _____

For Office Use Only:

Cohort: _____ Field Supervisor Assigned: _____

This form must be completed and returned to YSCTC **by 2 weeks after your first contracted date of employment.**

Date Entered _____

Initials _____