Marshfield High School

Career-Based Learning Application 2025-2026

Please complete this application to the best of your knowledge and see Mrs. Fredrick with any questions. This application will be shared with employers and/or mentors.



PLEASE TYPE OR WRITE NEATLY IN BLUE OR BLACK INK!

Application Informa	tioı	1
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Last Name	First	Middle					
Street Address							
City, State, Zip							
Phone Number	Email Address						
Cell Phone Number	Graduation Year						
Date of Birth	Current Grade: ☐ Sophomore	☐ Junior ☐ Senior					
Parent/Guardian Info	rmation						
Last Name	First						
Street Address							
City, State, Zip							
Phone Number	Email Add	ress					

Program Area (check one)

Youth Apprenticeship:

- □ Agriculture, Food and Natural Resources
- Architecture and Construction
- □ Arts, A/V Technology and Communication
- Business Administration
- Education
- □ Finance
- □ Government and Public Administration
- □ Health Science
- Hospitality and Tourism
- □ Human Services
- □ Information Technology
- □ Law, Public Safety, Corrections, and Security
- Manufacturing
- Marketing
- □ Science, Technology, Engineering and Math
- □ Transportation, Distribution and Logistics

Other Program:

Health Career Connections

To be completed by Mrs. Fredrick:

- Cumulative Unweighted GPA_____
- School Absences This Year_____
- School Tardies This Year_____

List any work experience(s) you have had in the past two years:
List any volunteer experience(s) you have had in the past two years (including job shadows):
Completing coursework related to your intended career path helps build foundational knowledge (including safety), develop relevant skills, and confirm whether the field is a good fit. It can also make you more competitive for post-secondary programs and job opportunities. List classes you have taken or are enrolled in currently that support this program area (related coursework is required simultaneously during YA experience):
Current extracurricular activities/clubs/organizations/sports involved in (identify calendar months you're involved in each extracurricular - e.g. Tennis: August-October):
For Youth Apprenticeship – Do you have suggestions for worksites?
Are you able to perform the duties of the position you have applied for in a reasonable and safe manner? □ Yes □ No If no, please explain fully:
If selected for Career-Based Learning, would you or your parents/guardians be able to
provide transportation to and from the site? Career-Based Learning students are responsible for their own transportation to and from the work / volunteer site and are responsible for their own insurance coverage while in transit. □ Yes □ No
Why do you feel you should be selected/involved in Career-Based Learning? Explain your career interest.

I understand:

- This is an application for enrollment into Career-Based Learning, and if I am selected, I will accept the responsibilities required by both the school and the employer/site.
- Any false or misleading information made on this application will automatically drop me from further consideration.
- Completing your application is the first step in the process to express your interest in the program. Completing the application DOES NOT GUARANTEE a placement. You will still need to interview and go through the YA hiring process for open positions and / or HCC selection process.
- All information will be kept confidential and used only for the appropriate program(s). Mrs. Fredrick will send this application to MACCI and potential employers/mentors.
- If my student is accepted into Career-Based Learning, I give my permission to use pictures/videos of them at their site/school for promotion of the program(s).

Along with this completed application you will need:

- ✓ Recommendation Forms: Please provide two recommendations from high school teachers and one from a community member. Forms are attached.
- ✓ Resume (especially if recommendation forms cannot be completed): Attach a one-page resume with your name, address, phone number, work objective, work/volunteer experience, education, references, etc.

Student Signature	Date	
Parent/Guardian Signature	Date	

The Board does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex (including transgender status, change of sex or gender identity), or physical, mental, emotional, or learning disability ("Protected Classes") in any of its student programs including curricular, co-curricular and extra-curricular activities.

Return this completed application to Mrs. Fredrick in room 79 at MHS or scan/email as a PDF to fredrickj@marshfieldschools.org.

Health Career Connections Students and Parents / Guardians Only

As part of the Health Career Connections program, students may be required to complete specific health-related requirements (e.g., TB test, titers, drug screening, background check, vaccines, etc.) before beginning their experience at Marshfield Medical Center, Mid-State Technical College (Nursing Assistant program), or other program partners. There may be opportunities for exemptions and/or alternative placements. If you would like information regarding these options, you must contact Mrs. Fredrick no later than August 1 before your student's senior year. Please sign below to acknowledge that you have received this information.

below to acknowledge that you have receiv	ed this information.	3
Parent/Guardian Signature	Date	

Career-Based Learning Teacher Recommendation Form #1

Student Name						
The following checkli- us an accurate asses method to describe the	sment of him/l	ner. This h	nas been d			
Responsibility Attitude Effort	No Basis for Judgment	Below Average	Average	Above Average	Excellent (Top 10%)	
Interpersonal Skills School Conduct						_
this program including	g characteristic	cs such as	nonesty, c	credibility, a	nd trustworthine)SS.
Learnin I do not	g.			•	Career-Based ed into Career-	
Teacher Signature		Subje	ect Taught		Date	

Career-Based Learning Teacher Recommendation Form #2

Student Name					
The following checkling an accurate assess method to describe the	sment of him/h	ner. This h	as been d		
	No Basis for	Below		Above	Excellent
	Judgment	Average	Average	Average	(Top 10%)
Responsibility	-				
Attitude					
Effort					
Interpersonal Skills					
School Conduct					
Learnin □ I do not	g.			•	Career-Based ed into Career-
Teacher Signature		Subje	ect Taught		Date

Career-Based Learning Community Member Recommendation Form

Student Name						
The following checkling an accurate assessmethod to describe the possible.	sment of him/b	ner. This h	nas been d	esigned to	provide a conv	venient
	No Basis for	Below		Above	Excellent	
	Judgment	Average	Average	Average	(Top 10%)	
Responsibility	9				, , ,	
Attitude						
Effort						
Interpersonal Skills						
Citizenship						
Learnin □ I do not	mend that the g. recommend th Learning.			·		
Signature (Community Ro	le	Relations	ship to Appl	licant	Date