	Project	<u>WHAT?</u> A group healthi out of t worksh <u>WHEN?</u> Program Fall and	of youth, ages 14-18, er and safer neighborh he soil. We will be doir ops, and starting a co 5-10 hours a week du 20-30 hours a week du 5 Pleasant St, Worcester of the Worcester	who want to make noods by getting lead ng outreach, giving operative business. Iring the Spring and
CONTACT: Worcester Phone: (508) 343-0872 ~ w	Roots Project www.WorcesterRoots.org ~ I	nfo@WorcesterRoots.or;	Mail or Drop off: g	5 Pleasant St, Ste 3 Worcester, MA 01610
Keep this top piece for you	ır records.			
\times	Toxic Soil Bust	ers Cooperative Ap	plication	
Full Name	Nickn	ame	Date of Birth	<u> </u>
School	Grade	Gender	Name of Guardian/Parent	t
Address		Lar	guage(s) Spoken at Home _	
Home Phone Number	Cell Ph	ione	_ Parent's Work Number	
Please tell us why you want What is unique about you? Have you ever experienced	Any special skills or talents?			
	ers Cooperative, you need to	o commit to coming to	he program two days after so commitment? Y	
			orking as a team: Y	
	-			
			call you to schedule an interv	
Ma		l application 5 Pleasan 08-343-0872 with ques	t St #3, Worcester, MA 016 stions.	09