

# STUDENT TRAINEE INFORMATION RECORD

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

School Name: \_\_\_\_\_

Course Instructor Name: \_\_\_\_\_

### Job Duties:

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### Emergency Contact Information (recommended, not required):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_