



## TRAILBLAZERS PROGRAM APPLICATION

Thank you for your interest in our Trailblazers program! Applications are accepted on a rolling basis until the class is full. Due to growing interest in the Trailblazers program, we often receive applications from more people than we have room for. In these cases, preference will be given to those who are interested in careers in the trades, and all others will be placed on a waiting list. Trailblazers is a free program and thanks to the generous support of our funders.

**Please attach your resume when you submit your application.** Email completed applications to Jillian Scannell at [jscannell@vtworksforwomen.org](mailto:jscannell@vtworksforwomen.org) or mail to: Vermont Works for Women at 32A Malletts Bay Ave, Winooski, VT 05404

### Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Mailing Address (Street) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_  
Email \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Pronouns \_\_\_\_\_ T-shirt size: \_\_\_\_\_

### Program Interest

How did you hear about **Trailblazers**? \_\_\_\_\_

Which **Trailblazers** session are you applying to?

- South Burlington (March 17 – April 30, 2026)
- Hartford (May 18 – July 3, 2026)
- Manchester (Summer 2026 - exact dates TBA)
- St. Johnsbury (Fall 2026 - exact dates TBA)

Why are you interested in Trailblazers? (check only one)

- I am interested in starting a career in the trades
- I want to learn about using tools for my own personal use
- I want to learn skills to help me in my current career

### Employment Status

Are you legally permitted to work in the United States?  Yes  No

Are you currently working?  No  Yes

If yes; Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Part-time  Full-time  Hourly Wage \$ \_\_\_\_\_

### Education & Training

Please complete the following information:

Level	Name of School	Major	If graduated, year
High School or GED			
College or University			
Trade-related trainings			

Please list any certifications or specialized training you have received including safety training:

Name of Certification	Certifying Agency	Year Completed

Are you enrolled in another educational program right now?  No  Yes

If yes, please describe: \_\_\_\_\_

### Skills and Experience

Please indicate your comfort level and experience in the following areas that you might encounter while working in the trades:

Activity	Very Low	Low	Moderate	High	Very High
Lifting up to 50 lbs	1	2	3	4	5
Standing for extended periods of time	1	2	3	4	5
Performing physical tasks all day in hot, cold, and/or noisy environments	1	2	3	4	5
Basic Math and Reading	1	2	3	4	5
Working with both hands; manipulating small objects	1	2	3	4	5
Maintaining balance while on a ladder	1	2	3	4	5
Hearing warning signals and discriminating between colors	1	2	3	4	5

Please tell us about any other experience, special skills or other applicable skills you have: \_\_\_\_\_

### Post Class Intentions

The following questions help our grant funders better understand the demographics of Trailblazer participants. We understand that circumstances change, so please answer to the best of your ability. Your name will not be associated with any of the data we report.

If accepted, after the program do you anticipate (**please check only one**):

- Starting or returning to post-secondary education or trade school.
- Entering a service opportunity (i.e. AmeriCorps, PeaceCorps, etc.)
- Remaining at your current job or advancing in your current career.
- Seeking new employment and/or being unemployed
- Other

### Health/Physical (We ask these only so we can best support you – no judgment!)

Are there learning accommodations we might be able to help with?

Do you have any allergies we should be aware of?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you have any physical limitations or restrictions that we should be aware of?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you have reliable transportation to and from class?  Yes  No

### Emergency Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

Relation to Participant \_\_\_\_\_