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**Vocational Incubator Program (VIP)**

**Initial Interest Survey**

**Customer’s Name:**

**Telephone Number(s): Preferred Start Date: VIP Program January 2015**

**Email Address**: **Business Intensive July 2015**

**Vocational Counselor: VR Case number:**

**Please rate the vocational training areas from 1 thru 7 (1 most interested & 7 least interested)**

|  |  |  |
| --- | --- | --- |
| **Vocational Training Courses** | **Rating Number****(1 thru 7)** | **Comment(s)** |
| **Business Planning** |  |  |
|  |
| **Business Software** |  |  |
|  |
| **Graphic Design** |  |  |
|  |
| **Heat Press** |  |  |
|  |
| **Computerized Embroidery** |  |  |
|  |
| **Retail Training** |  |  |
|  |
| **Music Technology****(Coming Soon)** |  |  |
|  |
| **Business Incubator** |  |  |
|  |

***\*\*Please return this survey with your VIP application\*\****

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**