



Date: \_\_\_\_\_

**Referring Party's Information**

Referred by: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Referral: \_\_\_\_\_

**Participant Information**

<b>Name:</b>	
<b>Disability/Mental Health Description(s):</b>	
<b>School:</b>	<b>Current Grade:</b>
<b>Home Address:</b>	<b>Phone Number:</b>
<b>Postal Code:</b>	<b>Other Contact #(s):</b>
<b>Date of Birth:</b>	<b>Attending Secondary School: Yes-<input type="checkbox"/> No-<input type="checkbox"/></b>
<b>E-mail:</b>	<b>Relation to Participant:</b>
<b>Primary Contact:</b>	
<b>Phone Number:</b>	<b>Email:</b>

**\*\*Please Note:** TeenWork is a small-scale program and does not hold a traditional waitlist.

Previous Work/ Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

Current Areas of Interest: \_\_\_\_\_  
\_\_\_\_\_

Other Professionals/ Programs Involved: \_\_\_\_\_  
\_\_\_\_\_

Reasons why I want to join TeenWork: \_\_\_\_\_  
\_\_\_\_\_

Additional information that may assist in employment placement (e.g. areas where support is required, barriers to employment):  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how many shifts do you want to work each week (e.g., 1, 2, 3 times)? \_\_\_\_\_

Approximately how many hours do you want to work each week (e.g., 5, 10 hours)? \_\_\_\_\_

**Participant's Availability for Work Shifts & Meetings**

	Monday	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

**Time off needed /Vacations planned in next 6 months**

(i.e. times I will be unavailable for work; for example a surgery, visiting family out of town or going to camp)

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**Program Participation & Expectations Questionnaire**

- Are you motivated to learn and work? Yes:  No:
- Do you demonstrate safety in the community for self and others? (eg. traffic safety, interacting with strangers appropriately, etc.) Yes:  No:
- Can you successfully use public transportation?  
If not, can you access transportation from family or an alternate source? Yes:  No:
- Are you independent in personal care? Yes:  No:
- Are you enrolled in secondary school? Yes:  No:
- Is finding a work a priority (eg. over social activities, family vacation, etc)? Yes:  No:
- Are you able to work and participate cooperatively in a group setting? Yes:  No:
- Are you able to follow simple directions and instructions? Yes:  No:
- Are you able to complete class work as required (with support if needed)? Yes:  No:
- Are the youth's parents/guardians willing to fully support and prioritize "real work for real pay"? Yes:  No:

**For Office Use Only**

 Date first contacted for Expression of Interest: \_\_\_\_\_  
 How first contacted: \_\_\_\_\_  
 Who first contacted (TeenWork staff): \_\_\_\_\_