



Date: _____

Referring Party's Information

Referred by: _____ Email: _____

Phone Number: _____ Relationship to Referral: _____

Participant Information

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

****Please Note:** TeenWork is a small-scale program with limited participant capacity; as a result, TeenWork does not hold a traditional waitlist.

Previous Work/ Volunteer Experience: _____

Current Areas of Interest: _____

Other Professionals/ Programs Involved: _____

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

