**YMCA Employment Programs Referral Form**

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| **Participant Information** | **Referral Agency Information** |
| **First Name:** Click here to enter text. | **Agency Name:** Click here to enter text. |
| **Last Name:** Click here to enter text. | **Agency Contact Name:** Click here to enter text. |
| **Main Phone Number:** Click here to enter text. | **Position Title:** Click here to enter text. |
| **Cell Number:** Click here to enter text. | **Phone Number:** Click here to enter text. |
| **Email:** Click here to enter text. | **Email:** Click here to enter text. |
| **Address:** Click here to enter text. | **Address:** Click here to enter text. |

**Eligibility Requirements:**

15 to 29 years old (youth services)

30+ years old (adult services)

A resident of Ontario

Eligible to work in Canada

Unemployed, underemployed, or working part-time

Student intending to return to high school or access postsecondary education

**Barriers to Employment Opportunities (check all that apply)**

Aboriginal

Self-identifies as a person with a disability (as per AODA and OHRC)

Less than 20 years of age

Grade 12 education or less

Recent immigrant (less than 5 years)

Lack of English/French proficiency

Low level of proficiency in Essential Skills (reading, writing, numeracy, etc.)

No work experience or very limited work experience

Living conditions (check all that apply):

Low income household  Unstable housing  Lacks family support  Single parent

Lives alone with no income  Identifies source of income as social assistance (OW, ODSP)

School Factors (check all that apply):

Failing courses  Skipping classes/frequent absences  Being bullied/harassed

Feeling of not belonging at school

Affected by (check all that apply):

Discrimination based on race, sexual orientation, religion, etc.  Addiction issues

Involvement with the justice system  Involvement with the child welfare system

Other: Click here to enter text.