



YMCA

We build strong kids,
strong families, strong communities.

<p align="center">YMCA FEDERAL PUBLIC SECTOR YOUTH INTERNSHIP PROGRAM - 1 -</p>

YMCA FEDERAL PUBLIC SECTOR Youth Internship Program Application Form

*To be completed by applicant and returned with a copy of your resume to a
YMCA Program Facilitator.*

Today's Date: _____

Last Name: _____ Given Name (s): _____

Current Address: _____

City: _____ Province: _____ Postal Code: _____

How long have you lived there? _____

Phone number where we can reach you? _____ Message number? _____

Email Address: _____

Birth date (YY/MM/DD): ____/____/____

Please list 2 people that we can contact as work references:

1. Name: _____

Job Title: _____

When did you work with/for this person? _____

Contact Information: _____

2. Name: _____

Job Title: _____

When did you work with/for this person? _____

Contact Information: _____

Please list 2 people that we can contact in case of an emergency:

1. Emergency Contact Person: _____

Relationship to You: _____

Phone Number: (Home): _____ (Work): _____

2. Second Emergency Contact Person: _____

Relationship to You: _____

Phone Number: (Home): _____ (Work): _____



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**YMCA FEDERAL PUBLIC SECTOR
YOUTH INTERNSHIP PROGRAM - 2 -**

SIN #: _____

Citizenship Status: Canadian Citizen Permanent Resident Convention Refugee Other

Are you legally entitled to work in Canada: Yes No

Do you have any health or physical concerns that may affect your ability to participate in this program. Yes No

If yes, please specify: _____

Do you have a valid driver's license? Yes No

Driver's License #: _____ Province: _____

Endorsements: _____ Restrictions: _____

Who told you about the program?

- Family and/or friends
- I heard about it on radio
- Probation Officer
- Local YMCA
- Teacher/Counsellor
- Friends
- Social Worker
- Other agency
- I saw a newspaper ad
- Government Agency
- Other, please specify: _____

Do you currently have any income?

- None
- Part-time job
- Band funding
- Employment insurance
- Full-time job
- Other, please specify: _____
- Social Assistance
- Family Support

Please indicate the level of education you have achieved.

- Less than Grade 9
- Grade 12 Diploma
- Some University/College
- Grade 9, 10, 11, some 12 (please circle)
- Trade Certificate/Diploma
- University Degree / College Diploma

Where did you receive your education? _____

Have you attended an employment training course before? Yes No

If yes, when and where?

Did you complete the program? Yes No



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1. What aspects of your present situation would you like to change?

- increase my self confidence
 - have more money
 - increase my skills for the work force
 - control or eliminate my drug/alcohol use
 - stop running into trouble with the law
 - other, please specify:
-

2. What are your most urgent needs?

- basic needs (food, shelter, and clothing)
 - the need to be independent
 - the need to meet people in the same situation as me
 - the need for personal growth and self-esteem
 - the need to be active
 - other, please specify:
-

4. How long have you been out of work since your last job or since you left school?

- Less than 6 months
- 6 months to 1 year
- 1 year to 3 years
- 3 years to 5 years
- 5 years or more

5. What is the main reason you are unemployed? (Check all that apply)

- I have just completed school or another training program
- I do not know how to do a good job search on my own
- I don't know what I want to do
- I have no experience
- I had a physical and/or mental health problem
- I had a drug and/or alcohol addiction problem
- I had no interest in working
- Other, please specify: _____

6. When would you be able to start the program?



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Important Information About Your Privacy

The YMCA of Greater Vancouver is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws.

We collect, use and disclose personal data in order to better meet your service needs, to ensure the safety of our participants, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations.

For more information on the YMCA's commitment to privacy, please visit our web site at www.vanymca.org

I hereby certify that the information provided in this application is true and factual.

Print name: _____

Signature: _____ Date: _____

Please send the following information to our program office at the address below:

- Current Resume**
- Completed Application (5 pages)**