



Application for **COMMUNITY WORK PROGRAM**

Please note that we are dedicated to protecting the privacy of every individual we serve. All information provided is considered personal and confidential.

NAME: _____ ADDRESS: _____

PHONE: _____ TOWN: _____ POSTAL CODE: _____

SOCIAL INSURANCE NUMBER: _____

LAWN MAINTANANCE (please check all that apply)

Do you have any experience cutting grass?	YES	NO
With a power lawn mower?	YES	NO
With a riding lawn mower?	YES	NO
Other:	YES	NO

Do you have experience trimming property?	YES	NO
Gas powered trimmer?	YES	NO
Electric trimmer?	YES	NO
Manual trimmer?	YES	NO
Around trees/shrubs?	YES	NO
Sidewalks/driveways?	YES	NO
Other:	YES	NO

Do you have experience with yard clean up?	YES	NO
Raking leaves?	YES	NO
Cleaning up sticks/brush?	YES	NO
Other:	YES	NO

SNOW REMOVAL (please check all that apply)

Do you have experience shoveling snow?	YES	NO
With a shovel/manually	YES	NO

With a walk-behind snow blower?
Other:

YES
YES

NO
NO

PIECEWORK/ASSEMBLY

Do you have any experience on an assembly line?
If yes, please describe:

YES

NO

GENERAL

Do you have any restrictions with lifting?
If yes, please indicate restrictions:

YES

NO

Do you have any restrictions when standing?
If yes, please indicate restrictions:

YES

NO

Do you have any restrictions with sitting?
If yes, please indicate restrictions:

YES

NO

Is there anything else we should know that will help us when scheduling work for you? Please indicate:

For office use only:

<u>DATE RECEIVED:</u>	<u>RECEIVED BY:</u>
<u>DATE REVIEWED:</u>	<u>REVIEWED BY:</u>
<u>FOLLOW UP:</u>	<u>INTERVIEW:</u>

<u>ADDITIONAL INFORMATION REQUIRED:</u>	<u>RESULT:</u> (explanation)
<u>START DATE:</u>	<u>REVIEWED BY EXECUTIVE DIRECTOR:</u> <u>DATE & INITIAL:</u> <hr/>
<u>WORK PROGRAM SUPERVISORS SIGNATURES:</u>	<hr/> <hr/> <hr/>

TRUE EXPERIENCE
Supportive Housing and Community Work Program