



For further information  
Contact the Youth Employment Coordinator at SHOAL Centre  
• P. 250-656-5537 • [yep.beaconcs.ca](http://yep.beaconcs.ca) • [www.beaconcs.ca](http://www.beaconcs.ca) •

## YOUTH EMPLOYMENT PROGRAM APPLICATION

First Name _____	Last Name _____	
Address _____	Postal Code _____	Municipality _____
School and Graduating Year _____	Birth Date _____	
Home Phone _____	Cell Phone _____	
Email (please print clearly!) _____		

**What aspects of the program would you like to participate in? Please check:**

- Paid Work                       Volunteer Work                       Courses and Training

**What courses would you like to take through YEP? Please check:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Emergency First Aid             | <input type="checkbox"/> FOODSAFE                    | <input type="checkbox"/> Resume Writing       |
| <input type="checkbox"/> Squirrel                        | <input type="checkbox"/> Gardening Basics            | <input type="checkbox"/> Interview Skills     |
| <input type="checkbox"/> Community Volunteer Certificate | <input type="checkbox"/> Retail Training Certificate | <input type="checkbox"/> Cover Letter Writing |

**List previous volunteer or employment experience, if applicable** \_\_\_\_\_

\_\_\_\_\_

**Hobbies and Interests** \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name _____	Relation _____
Home Phone _____	Cell Phone _____
Address _____	Postal Code _____

### Parent/Guardian Permission

I give permission for \_\_\_\_\_ (youth name) to participate in the paid work, volunteer and training opportunities provided by the Youth Employment Program. I understand that these YEP opportunities may take place at different venues in the community and in client homes on the Peninsula. I also understand that my child may be photographed while volunteering at community events. I authorize the photographs to be released for publication when used to promote YEP. I understand that my son or daughter must submit a successful criminal record check to be eligible for the program and that all personal information will be kept confidential.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date