



**Youth Are Working Application Form**

**Personal Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Social Insurance: \_\_\_\_\_ MCP Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you currently have any income? yes  no  (if yes, please indicate source)

Social Assistance  Employment  Employment Insurance

**Academic History**

Are you currently enrolled in any school or educational program?

Yes  No

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Name of last school attended: \_\_\_\_\_

Grade or level completed: \_\_\_\_\_

**Employment History**

Briefly outline any previous work experience:

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**Reference**

Please provide the names, complete mailing addresses and daytime phone numbers for people we may contact to verify any information to assist in determining your eligibility for the “Youth Are Working” Project.

1. Name of reference: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Length of time you have known this youth: \_\_\_\_\_

**Verification (please print)**

I, \_\_\_\_\_, would like to apply for the “Youth Are Working” Skills Link Project and understand that all the information I give on this form is to be used by Waypoints as part of the assessment for services.

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

\_\_\_\_\_  
Date of Application

Please forward completed application to:

Hugo McCarthy  
Manager  
Waypoints  
Employment and Outreach Services

Mailing Address: P.O. Box 632  
St. John’s, NL  
A1C 5K8  
Tele: (709) 738-3392 Fax: (709)738-8755  
E-Mail: [hugomccarthy@waypointsnl.ca](mailto:hugomccarthy@waypointsnl.ca)

For more information regarding Waypoints, go to [www.waypointsnl.ca](http://www.waypointsnl.ca)