

**OPTIONS VOCATIONAL EXPERIENCE PROGRAM**  
**APPLICATION FORM**

Applicant Name			
Address	Street		
	City	Postal Code:	
Telephone Number			
Email Address			
Date of Birth			
Main Contact	Name		Relationship
	Address		
Address	Street		
	City	Postal Code:	
Telephone Number			
E-mail			
Emergency Contact	Name		Relationship
		Tel:	

Name of person who is completing application form:  Self OR  Specify Name and Relationship

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Where did you hear about the Options program? \_\_\_\_\_

Do you receive Passport Funding?  YES  NO

**What do you like to do?**

\_\_\_\_\_

\_\_\_\_\_

**What challenges would you like to work on?**

\_\_\_\_\_

\_\_\_\_\_

**HOURS OF WORK**

Hours of work are assigned based upon Options availability and individual need. Please indicate the ideal shift(s) for you.

- |                                    |  |                                       |
|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> am (10am-1pm) | <input type="checkbox"/> pm (1pm-4pm) |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> am (10am-1pm) | <input type="checkbox"/> pm (1pm-4pm) |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> am (10am-1pm) | <input type="checkbox"/> pm (1pm-4pm) |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> am (10am-1pm) | <input type="checkbox"/> pm (1pm-4pm) |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> am (10am-1pm) | <input type="checkbox"/> pm (1pm-4pm) |

**MEDICAL BACKGROUND**

Disability Diagnosis \_\_\_\_\_

Medical issues  None OR describe below: eg. seizures, allergies, medications, medical conditions

\_\_\_\_\_  
\_\_\_\_\_

Physical limitations eg. standing, lifting, bending, etc.?

\_\_\_\_\_  
\_\_\_\_\_

**COMMUNICATION/SOCIAL**

Please check all that apply:

Follows instructions  well  with difficulty

Can follow  complex  simple instructions

Communication:  words/verbal language  non-verbal (specify) \_\_\_\_\_

Works well  with others  alone preferred

outgoing  shy  other issues (specify) \_\_\_\_\_

**SKILLS Please check all that apply:**

Complete the following sentences which most reflect your **current** skills levels:

I can work independently for  long  short periods of time.

I need  constant  moderate  minimal support.

I  am easily distracted  stay on task  need reminders while working.

Please indicate your **current** skill level

How do you **best** learn new job tasks?

Visual demonstration

Verbal instruction

Reading/Writing Skills

limited

basic

fluent

Math Skills

limited

proficient

knows value of money

can tell time

Is there anything that upsets you and/or makes it difficult for you to stay on task? Are there any behaviors that we should know of? If so can you please describe?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ AND SIGN ACKNOWLEDGEMENT**

I, \_\_\_\_\_ acknowledge that this information is true and complete to the best of my knowledge and belief and any information will be treated in a confidential manner. If accepted, I am committing to attend **Options Vocational Experience Program**.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family member/Staff's Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH A CURRENT RESUME**