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| **LAUNCH PROGRAM APPLICATION FORM** | | | | | | | | | | | | | | | |
| Personal Information | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | SIN: | |  | | |
| Date of Birth | | |  | | | | | | | |  | |  | | |
| Address: | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
| Home Phone: | | | |  | | Cell: | | |  | | | | | | |
| Email: | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Emergency Contact Information | | | | | | | | | | | | | | | |
| Name: |  | | | | | | Relationship: | | | | |  | | | |
| Home Phone: | | | |  | | | Cell: | | |  | | | | | |
| Email: | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Caseworker #1 Information (If Applicable) | | | | | | | | | | | | | | | |
| Name: |  | | | | Agency: | | |  | | | | | | | |
| Phone: |  | | | | Fax: | | |  | | | | | | | |
| Email: |  | | | | | | | | | | | | | | |
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| Eligibility | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Are you between the ages of 16 and 30?.............................. | | | | | | | | | | | | | | Yes | No |
|  | | | | | | | | | | | | | |  |  |
| Are you a Canadian citizen, Permanent Resident or person who has been granted refugee status in Canada?........................................... | | | | | | | | | | | | | | Yes | No |
| Are you out of school?......................................................... | | | | | | | | | | | | | | Yes | No |
| Are you legally allowed to work in Newfoundland and | | | | | | | | | | | | | |  |  |
| Labrador?.......................... | | | | | | | | | | | | | | Yes | No |
| Are you currently unemployed or underemployed? (working less than 20hrs/week)............................. | | | | | | | | | | | | | | Yes | No |
| Are you currently receiving Employment Insurance?........... | | | | | | | | | | | | | | Yes | No |
| Are you able to commit to 30 hours/week at minimum wage for the duration of the program?… | | | | | | | | | | | | | | Yes | No |
|  | | | | | | | | | | | | | |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Past Work Experience- Please list most to least recent | | | | | | |
|  | | | | | | |
| Resume attached? | | Yes | No | | If NO, please complete this section: | |
|  | | | | | | |
| **Job 1** | | | | | | |
| Company: |  | | | Position: | |  |
| Start Date: |  | | | End Date: | |  |
| Duties: |  | | | | | |
|  |  | | | | | |
| **Job 2** | | | | | | |
| Company: |  | | | Position: | |  |
| Start Date: |  | | | End Date: | |  |
| Duties: |  | | | | | |
|  |  | | | | | |
| **Job 3** | | | | | | |
| Company: |  | | | Position: | |  |
| Start Date: |  | | | End Date: | |  |
| Duties: |  | | | | | |
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| Short Answer Questions- Answer on a separate sheet when necessary | | | |
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| 1. Why do you want to participate in the LAUNCH program? | | | |
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| 2. How will the LAUNCH Program help you achieve your goals? | | | |
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| 3. What do you expect to learn from participating in the LAUNCH program? | | | |
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| 4. What do you hope to do after completing the LAUNCH program? | | | |
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| Documents to be included (Not required, but welcomed) | | | |
|  | | | |
| Letter of support from a caseworker……………………………………………………………………… | | |  |
| Other reference letter from a community organization, teacher or former employer. References from family or friends are not accepted……………………….. | | |  |
|  | | |  |
| Signature | | | |
|  |  |  | |
| Applicant Signature |  | Date | |