## New England Farm Workers' Council 205 High Street Holyoke MA 01040 (413) 315-6133 ext 13

## Workforce Investment Act (WIA) Program Request for Youth/Job Description FY 2016

Worksite:	Telephone:
Address:	City/State/Zip
Contact Person:	Job Title:
Worksite Supervisor:	Telephone:
Total Number of Youth Requested:	
Youth Job Title:	
Required Job Duties/Job Description:	
Special Qualifications (if any):	
Youth Work Schedule: Youth are able to work week. Please list below the hours and days you	k Monday – Friday, 3-5 hours per day for a total of 15 hours per a need your youth to work.
List Hours/Days that youth will be working wi	th your Agency/Company:
Days per week:	
Hours per day:	
Signature/Title of Person Completing Form:	Date: