

Yes She Can^{INC}

Yes She Can Trainee Application

Date _____

Yes She Can Incorporated operates Girl AGain, a retail store, as a program to create an authentic work environment where young women with autism spectrum disorders and related disorders can develop and practice job skills that are in demand in the competitive workplace. Participants in the Yes She Can program are trainees. The training program does not provide a salary to trainees. Trainees will work at Girl AGain for a period of time with the goal of acquiring meaningful and transferable work skills that can be used in other employment settings. Our ultimate goal (although not guaranteed) is for each participant to gain employment (full time or part time) in a business or organization where she is using the skills she acquired in the Yes She Can program, is contributing to the mission of that organization, and is able to sustain employment. **The purpose of this questionnaire is to get to know you better so Yes She Can can discuss meaningful training opportunities for you. If you have difficulty filling out the questionnaire on your own, it is OK to ask for help.**

Candidate Contact Information

Name _____

Age: _____ Birthdate _____

Address _____

Phone _____ Email _____

Parent or Guardian Contact Information

Parent/Guardian Name: _____

Parent/Guardian Phone _____

Parent/Guardian Email _____

Parent/Guardian Name: _____

Parent/Guardian Phone _____

Parent/Guardian Email _____

Emergency contact name, relationship and phone number _____

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Many people have sensitivities or learning differences that make working with others a challenge (examples-difficulty concentrating/staying focused; difficulty having a conversation with someone; sensitivity to noise or light; becoming very frustrated or emotional). The questions below will help us get to know you better and help set up an appropriate training experience. Please circle **Yes**, **Sometimes** or **No** to all of the questions below.

Sensory Profile

Do you find it hard to concentrate in noisy places?	Yes	Sometimes	No
Do you have difficulty standing in line or close to people?	Yes	Sometimes	No
Do you like to move around a lot?	Yes	Sometimes	No
Do you get tired easily?	Yes	Sometimes	No
Do loud noises bother you (ex. vacuum cleaners)?	Yes	Sometimes	No

Social/Emotional Profile

Do you enjoy being in groups?	Yes	Sometimes	No
Do you prefer to spend time alone?	Yes	Sometimes	No
Do you feel comfortable greeting other people?	Yes	Sometimes	No
Do you have difficulty maintaining eye contact when speaking or listening to others?	Yes	Sometimes	No
Do people often tell you to 'pay attention'?	Yes	Sometimes	No
Do people often say 'are you listening to me?'	Yes	Sometimes	No
Do you frequently get frustrated?	Yes	Sometimes	No

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Are your feelings hurt easily? Yes Sometimes No

Communication Profile

Do you tend to speak too loud or soft? Yes Sometimes No

Do you speak too fast or slow? Yes Sometimes No

Do you have difficulty knowing how to start a conversation? Yes Sometimes No

Do you know how and when to end a conversation? Yes Sometimes No

Have you been told you talk too much? Yes Sometimes No

Do you have difficulty understanding what others say to you? Yes Sometimes No

Do others have difficulty understanding what you say to them? Yes Sometimes No

Medical History

Do you have any physical impairments that we need to know about (ex. seizures) Circle: Yes or No

If yes describe impairments: _____

Do you require any physical accommodations in the workplace? Circle: Yes or No

If yes describe accommodations needed: _____

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Do you take any prescription medications? Circle: Yes or No If yes, what medications are you currently taking and at what times?

Who is your prescribing doctor(s) and their telephone number: _____

Do you have any food or medication allergies? **Circle:** Yes No

If yes, do you carry an epi-pen or other medication to address your allergies? _____

Do you receive Medicaid waiver services through OPWDD: **circle:** Yes No Not eligible

Do you or have you received services through ACCES-VR **circle:** Yes No Not eligible

Are you working with an agency or organization (eg Arc of Westchester, Ability Beyond, YAI) that provides employment, social, psychological supports or service coordination? **Circle:** YES or NO

If yes, please provide a name and phone number of the agency staff that Yes She Can may contact.

Name: _____ Phone _____

Agency Name: _____

Are you aware of any behavioral or emotional challenges you might have while participating in the YSC training program? **Circle:** Yes No

Are there any training activities that you may have difficulty doing?

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Getting to Know You Better

How did you hear about Yes She Can's program at Girl AGain?

Why do you want to participate in the training program with Yes She Can at Girl AGain?

What other jobs or internships or volunteer experiences have you had? (write NONE if you do not have work experience.)

Do you have any hobbies? What do you enjoy doing in your free time?

What do you think you do well? What are your strengths? _____

What job would you like to have someday?

How will you get to Girl AGain boutique?

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Bus _____ Train _____ Paratransit _____ Drive _____ Other _____

You hereby authorize Yes She Can Inc. to use any medical information provided for purposes of evaluation of your application to participate in the job training program and for the purpose of facilitating a successful training experience at Girl Again boutique. Any such medical information may be shared with the staff, volunteer job coaches, and anyone who needs to know such information in connection with the purposes of Yes She Can Inc., to the maximum extent permitted by law.

You agree that you have voluntarily applied to participate in the Yes She Can program and that any statements and representations you have made are being relied upon by Yes She Can in considering you for selection as a program participant and to facilitate a successful training experience at Girl Again boutique. You hereby represent that all statements, disclosures and representations made by you in this application to participate and any other document or agreement that you sign in connection with your participation in the Yes She Can program, and that you otherwise provide to Yes She Can, are true, accurate and complete, and you also agree to immediately inform Yes She Can if any of the information you provide becomes inaccurate or incomplete at any time during your participation in the Yes She Can program.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____