



## ***DISCOVER AND DEVELOP NEW JOB SKILLS***

Learn job-related skills, while competing with others in a fun competition!

Be matched with a mentor/volunteer who will help cheer you on!

Meet Potential Employers & Possibly Schedule An Interview

Must be 14-21 years old to participate and have an IEP, 504 plan or letter from their school

### ***WHAT THE EVENT LOOKS LIKE***

Each company will have a station with a job task that a potential employee will complete.

Students (14-21 yo) will practice and then compete.

Examples:

Food Industry: roll silverware, clean & sort menus

Office: shred paper, assemble mailings, room setup

Grocery: sort cans, assemble shelving, bagging

***DATE:*** Saturday, March 7<sup>th</sup> 2020

***WHERE:*** ROBERT ALONSO COMMUNITY CENTER

16500 NW 87th Ave, Miami Lakes, FL 33018

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**Pre-Registration is Required – Deadline February 7<sup>th</sup> 2020**

**Contact: Maria Lugo - [mlugo@arcsofla.org](mailto:mlugo@arcsofla.org)**

**Caroline Parra – [carolinep@arcsofla.org](mailto:carolinep@arcsofla.org)**

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***THIS EVENT BROUGHT TO YOU BY:***





## Student Pre-Event Questionnaire

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

1) Could you find a job if you wanted one in your community?

Yes                  No                  Maybe

2) Do you get to choose the kind of job you want?

Get to choose                  Don't have a choice

3) Can you name 2 businesses in your community that will hire people with a disability?

Yes                                  No

4) Have you ever heard about Vocational Rehabilitation (VR) and their services?

Yes                                  No



# Referral to Vocational Rehabilitation

Vocational Rehabilitation (VR) is here to help individuals with disabilities prepare for, advance in, or retain employment.

Date of Referral \_\_\_\_\_

Name of Individual (Please print)		Date of Birth	Social Security Number	
Address (Home)		City	State	Zip
Address (Mailing)		City	State	Zip
Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		Additional Contact Name		
What is the best method of contact? (Select one) <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other (specify) _____		Additional Contact Phone Number		
		Additional Contact E-mail		
Can VR leave a message at the number listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does not wish to disclose or self-identify		
E-mail Address		Have you ever received services from VR? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Education Level		
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Does not wish to disclose or self-identify		Race (Check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Does not wish to disclose or self-identify		
<b>Accommodations</b>				
Do you require an Interpreter? <input type="checkbox"/> Yes, ASL <input type="checkbox"/> Yes other, specify language:				
Do you require an assistive listening device? <input type="checkbox"/> Yes				
Do you require translated documents? <input type="checkbox"/> Yes				
Do you require any other accommodations for your impairment? <input type="checkbox"/> Yes If so, please explain:				
<b>What impairment prevents you from working?</b>				
<b>How can VR help you become employed?</b>				
<b>How did you hear about us?</b>				
Agency/Vendor/School:		Contact Person:		Phone #:

Please complete this page then mail or turn in the referral to the nearest VR office. For a list of offices, go to [www.rehabworks.org](http://www.rehabworks.org) and then click on "Contact Us" and then select "Directory of Local VR Offices and Vendors"; or you may call our toll free number 1-(800)-451-4327 for more information.

For Office Use Only	Received Date : _____	<b>Outcome of Referral</b> <input type="checkbox"/> Completed Application <input type="checkbox"/> Decided not to apply <input type="checkbox"/> Missed Orientation <input type="checkbox"/> Other _____
	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Fax	
	Contact Date: _____ Contacted by: _____	
	<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In Person	
	Orientation Scheduled: <input type="checkbox"/> Group <input type="checkbox"/> Individual Date: _____	
Additional Notes: _____		

local street address line 1 • city, state, zip • phone • Fax: fax number



## ***STUDENT INTEREST/REGISTRATION FORM***

**Name of Student:** \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Signature of Parent /Guardian**

\_\_\_\_\_  
**Date**

To participate:

- Must be 14-21 years old
- Have an IEP, 504 Plan (or letter from the school )
- Complete Vocational Rehabilitation Form
- Take a pre and post-event survey (This will be done the day of the event)

**Please return form by: Febraury 7th, 2020 to: Email:**

**[mlugo@arcsofla.org](mailto:mlugo@arcsofla.org) or [carolinep@arcsofla.org](mailto:carolinep@arcsofla.org) Or**

**Fax to: 305-754-9223 Attn: JOBAPALLOZA**

**Call 305-282-7699 if you have any questions**