

Back2Work Referral Form

Referring Conferen	ce:			
Vincentian Contact:	Name:			
	Phone Number:			
	Email Address:			
Participant Informa	ation:			
Name:				
Address:				
City, State, Zip:				
Best number to be rea	ached at:			
Email address:				
Highest level of educ	ation completed:			
Are you committed to	o learn skills that will hel	lp you get employed:	Yes	No
Do you have a desire	to get a job in the trades	::Yes	No	
I have received informaI am receiving FoI am not receiving FoI am receiving FoI am receiving Fo	Share and FSET (check tion on MAXIMUS Food Shood Share g Food Share and would food Share and willing to cood Share and enrolled in US case Mgr. Name:	like to apply and then centroll in FSET	enroll in FSET	
I am willing to e	enroll in SVDP Back2W	Vork Program		
Print Trainee Name_		DOB	XXX-XX_ Last 4 digits of Soc	_ c. Sec. #
The state of the s		Date		
Trainee Signature				

Rio S	ample:
•	40 Years Old
•	He has 5 biological children: Eric 20, Sherica 18, Lasyris 18, Nala 15, Delano 7.
•	2 Stepchildren: Naija 20 and Chad 18
_	Not married but has a girlfriend
•	
•	Grew up in Chicago and moved to Milwaukee in 1986
•	Went to Bayview High School and got his G.E.D.

Please share a little about yourself with your potential mentor. You may attach a new sheet or use the space below.

В

- Came through Community Warehouse with PSI and then got a job in construction with Michael Salinas. Worked there for 2 months and got laid off because of no work. Then came to CW to volunteer and look for work. One of the first hires for CSD.
- Hobbies include basketball and just took up chess, which he really likes. Plays chess with his son. Also likes and plays video games and music.
- Green Bay Packer fan

Please fill out this form with the training candidate and return it to Beth Hohenfeldt, **SVDP Council Office**

P.O. Box 26537, Milwaukee WI 53226 or bhohenfeldt@svdpmilw.org