



YMCA-YWCA of Winnipeg Newcomer Services
Youth Employment Support Program
INTAKE FORM

301 Vaughn St. • Winnipeg MB • Email xin.liu@ymanitoba.ca

Revised on Dec.8, 2025

CONTACT INFORMATION

First Name: _____ Last Name: _____

Cell Phone: _____ Email: _____

Address: _____ Postal Code: _____

Country of birth: _____ Native/Mother language: _____

Date of Birth: Year _____ Month _____ Day _____

School: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Please note any dietary restrictions, allergies and/or medical considerations:

Are you under 18 years of age? Yes ☐ No ☐

PERMISSION TO PARTICIPATE

Yes ☐ No ☐ I consent for my child/myself _____ to participate in the Youth Employment Program at arranged/agreed upon job sites, YMCA-YWCA facilities, and on field trips (e.g. other community organizations etc.)

Yes ☐ No ☐ I consent for the Youth Employment Program to share my child's/my personal service information with the program's funders, and within the Newcomer Services department at the YMCA-YWCA of Winnipeg as per the reporting requirements of these funders/program. *All the personal information is kept confidential and will not be used for any other purpose without consent.*

Yes ☐ No ☐ I consent for the Youth Employment Support Coordinator to communicate with other social service providers regarding my child's/my employment needs for the duration of child's/my participation in the program. *Communication will only take place if necessary.*

Participant Signature: _____ Date: _____

Parent/Guardian Signature (If under 18): _____ Date: _____

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Please return this form via email to the Coordinator of the Youth Employment Support Program, Xin Liu, at xin.liu@ymanitoba.ca. The coordinator will contact new participants by phone/email once she has reviewed their intake forms.



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REFERRAL AND CLIENT NEEDS INFORMATION

Referring Agency/Organization or Self-Referral:	Referrer Name or Self-Referral:
Telephone #:	Email:

If this is not a self-referral, is the participant aware of the referral to YES? _____

Current employment Status: Employed ☐ Self-employed ☐ Unemployed ☐

What are the employment needs or barriers that prompted this referral/self-referral? (i.e. need to develop employment skills/knowledge, lack of Canadian experience, low-income, academic challenges, language barriers etc.)

How do you think the Youth Employment Support (YES) program can help the participant/you?

Does the participant/do you have a valid driver's license? _____ AND a vehicle? _____

Is the participant/are you currently receiving any other employment services, supports, resources from other organizations? If so, what are they?

What activities, clubs or groups is the participant/are you currently involved in? If so, please list them:

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