

FIRST WORK

FIRST WORK: THE ONTARIO ASSOCIATION OF YOUTH EMPLOYMENT CENTRES

Application for Auxiliary Membership

Agency Name: _____

Program Name: (If applicable) _____

Address: _____

Suite/Floor: _____ City: _____ Postal Code: _____

Courier Address: (If different) _____

Telephone: () _____

Fax Number: () _____

Organization E-mail address: _____

Organization Website: _____

Name of Contact Person: _____ Title: _____

Telephone: () _____ Ext: _____

Personal E-mail address: _____

Signature: _____

Date: _____

Agency Information:

1. Organizational status:

- Incorporated, Non-profit
- Registered charity – charitable number: _____

2. Services:

Please provide a summary description of the youth employment programs and services that you provide, including your catchment area



3. Duration:

How long has your agency been providing youth employment services?

Since: _____

Attachments:

Please send the following information along with this application:

- Copy of incorporation papers/other legal documentation to confirm organizational status and duration
- Latest annual report
- A brochure or description of current programs and services
- Two (2) letters of reference, including one from an existing OAYEC member
- Payment - Current approved Auxiliary Fees are \$ 650.00 (make cheque payable to First Work/OAYEC)

Thank you for your interest in joining FIRST WORK/ OAYEC

You will be informed of their decision after the next Board meeting (approximately two months)
In the mean time, if you have any questions, please contact us at:

First Work:
The Ontario Association of Youth Employment Centres (OAYEC)
215 Spadina Avenue, Suite 350
Toronto, ON M5T 2C7
Tel: (416) 323-9557
Fax: (416) 323-9927
E-mail: info@oayec.org
Web site: www.oayec.org
Web site: www.firstwork.ca

