



## Community Work Experience Program (CWEP) Intake Form

Worksite/Age	ency Name:					
Point of Contact:				Phone Number:		
Physical Addr	ess:		email address:			
				Fax n	umber:	
Worksite Add	lress (if differe	ent):				
Preferred metl	hod of contact	: Phone	email	fax		
Total number	of hours need	led weekly:				
Total number	of participant	ts needed:				
Expected Scho	edule – please	list time need	ed each day (i	e. 8am-12noo	n)	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Maintena Janitorial Groundsl Laborer Recycling	keeping	questione	Clerical/Office Animal care Kitchen/cook Retail/sales Other:			
Miscellaneous	imormation of	questions.				
Please email the	e completed for	rm to <u>CattCaree</u>	erCenter@dfa.st	ate.ny.us or pr	int out and mai	il to:
Cattaraugus Co	ounty One-Stop	Career Center				
175 North Unio	n Street					
Olean NY 14760	)					Submit form