



STATE OF WASHINGTON  
**WorkFirst Work Experience (WEX) Referral**

AGREEMENT NUMBER
COMMUNITY SERVICES OFFICE NUMBER

**REFERRAL**

PARTICIPANT'S NAME	EJAS NUMBER
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The participant named above is referred to the designated Work Experience Project established with the WEX Agency indicated below.

WEX AGENCY'S NAME	TELEPHONE NUMBER
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WEX AGENCY'S ADDRESS
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PROJECT LOCATION	PROJECT SUPERVISOR'S NAME
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This assignment will begin at (time): \_\_\_\_\_ on (date): \_\_\_\_\_

**PROJECT DESCRIPTION**

1. JOB TITLE			
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2. ONET CODE	3. HOURS PER WEEK	4. TOTAL WEX PROJECT Hours: _____ Weeks: _____	5. PROJECT END DATE
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6. PARTICIPANT'S OCCUPATIONAL GOAL
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7. NARRATIVE DESCRIPTION OF THE WORK EXPERIENCE PROJECT
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8. WORK EXPERIENCE TRAINING OBJECTIVES
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9. DESCRIBE SUPERVISION TO BE PROVIDED
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WEX AGENCY REPRESENTATIVE'S SIGNATURE	DATE	VOLUNTEER'S SIGNATURE	DATE
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PRINT NAME	PRINT NAME
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TITLE	TITLE
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SERVICE PROVIDER'S NAME AND ADDRESS
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