DEPARTMENT OF LABOR & INDUSTRY OFFICE OF VOCATIONAL REHABILITATION			YOUTH AMBASSADOR (YA) PROFILE		
Provider:					
Location:					
Service Area:					
Underserved Population to be Served (if applicable):					
Additional Language(s):					
Website:					
Contact Person:					
Phone/Fax/Email:					
Presentation: 🗌 Virtual	🗌 In-Person	🗌 Hybrid			
Schedule: 🗌 Monday	🗌 Tuesday	U Wednesday	n 🗌 Thursday	🗌 Friday	
Hours: Length of Program:					
Mission Statement/Brief Description:					

Description of staff (list staff name, education, qualifications or certifications, and years of experience providing employment services to youth/students):

Please describe your experience, resources and approach to working with students and youth with disabilities.

Please describe your approach to collaborating with OVR, families, schools and/or other community agencies:

## SAMPLE SCHEDULE/OUTLINE OF ACTIVITIES (please describe below)