



N.E.S.T. Program Participant Application



A Little Compassion / The Nest Coffee House

162 A Main Street, Deep River, CT 06417

The Nest is an equal opportunity employer and encourages young adult applicants with autism and other neurodiversities to join our team. We believe that when individuals of all backgrounds, gender identities, race or religions come together it creates a richer world for us all.

The N.E.S.T. Program is a fee for service program for eligible applicants.

If you have any questions, please contact Linda Bennet at Programs@alittlecompassion.org

Date Completed: _____

I would like my 20-hour internship to be once a week for 10 weeks
 twice a week for 5 weeks

Earliest Available Start Date: _____

Applicant Information

Legal Name: _____

Use Name, if different: _____ pronouns: _____

Birth Date: _____

Address (Street, town, zip): _____

Primary Phone #: _____

Email: _____

Availability

	Tues	Wed	Thurs	Fri
AM				
PM				

Guardian Information (If applicable)

Name: _____

Relationship to Applicant: _____

Address (Street, town, zip): _____

Primary Phone #: _____

Email: _____

Education

High School / Transition Program: _____

City / State: _____

From: _____ To: _____ Graduation Date: (MM/YY) _____

School or Program Staff we could contact there

Name: _____ Title: _____

Phone #: _____ Email: _____

.....

College / Trade School / Vocational Program: _____

City / State: _____

From: _____ To: _____ Graduation Date: (MM/YY) _____

School or Program Staff we could contact there

Name: _____ Title: _____

Phone #: _____ Email: _____

- I give permission** for N.E.S.T. Staff to contact the Above Providers and share relevant information regarding my program if I become a N.E.S.T. intern.

References

Please List 1 or 2 community references (not relatives)

Name: _____

Company/ How known: _____

Phone #: _____ Email: _____

.....

Name: _____

Company/ How known: _____

Phone #: _____ Email: _____

Previous Employment / Volunteer Work

Company: _____ Town/State: _____

Supervisor: _____ Phone: _____

Job Title: _____ From: _____ To: _____

Job Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Y N

.....

Company: _____ Town/State: _____

Supervisor: _____ Phone: _____

Job Title: _____ From: _____ To: _____

Job Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Y N

.....

Company: _____ Town/State: _____

Supervisor: _____ Phone: _____

Job Title: _____ From: _____ To: _____

Job Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Y N

Goals and Supports

What tasks or skills are you hoping to practice or learn in this program?

How can we help you be successful in this program?

What challenges do you think working at The Nest may hold for you?

What do you hope to gain from completing this program?

Is there anything else you want us to know about you?

How did you hear about our N.E.S.T. Program?

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> The Nest / ALC | <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> School | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Other _____ | | |

Optional Disability Disclosure

The Nest/ ALC welcomes and includes people of all abilities, identities, and backgrounds. We believe that a diverse and fully inclusive organization empowers and creates a better world for us all. We have an initiative to hire young adults with disabilities while offering a safe and supportive employment opportunity. Please consider disclosing if you have a diagnosed disability. Your disclosure is **completely confidential**, but is critical in helping us to fulfill our mission and continue our work. Please check all that apply and add specifics where needed.

- ADHD
- Anxiety
- Autism Spectrum Disorder
- Communication Disability _____
- Depression
- Intellectual / Development Disability _____
- Learning Disability _____
- Mental Health Disability (other) _____
- Physical Disability _____
- Sensory Disability _____
- Other _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship, I understand that false or misleading information in my application or interview may result in my release.

Applicant Signature: _____ Date: _____

Guardian Signature (if applicable): _____ Date: _____

Next Steps

We will contact you to schedule an in-person interview to further discuss your goals and needs.

If you and we agree that an internship is beneficial, then we will

1. gather information from your support people in order to create a personalized plan.
2. discuss timing and payment