

**VR Summer Work Experience Employment Site Proposal**

**Community Rehabilitation Program Name:**

**Contact person for this site (CRP employee):**

|  |
| --- |
| **Employer Name/Work Site Location:** |

|  |
| --- |
| **High School(s) Associated With the Proposed Work Site :** |

|  |
| --- |
| **List Jobs Available at Each Work Site:** |

|  |
| --- |
| **Start and End Date for Each Work Experience:** |

|  |
| --- |
| **Daily Schedule for each Work Site:** |

|  |
| --- |
| **Total Number of Available Positions per Work Site/ Number of CRP Staff Assigned to Each Site:** |

|  |
| --- |
| **Additional Information:** |

**Attach a detailed job description of each job available for the summer work experience at the employment site.**

**Submit Completed Proposal Form electronically to Assistant Director of Transition and 511 Services:** kristin.donze@vr.dese.mo.gov