



**LOOKOUT
EMERGENCY AID
SOCIETY**
SOLUTIONS TO HOMELESSNESS

CYCLE BACK Training Program Application
Lookout Emergency Aid Society Yukon Housing Centre

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10 E. Broadway, Vancouver	Fax: 604-879-8390	cycleback@gmail.com

Date: _____

Name (*please print*) _____

How can we contact you? (*please check as many as apply*)

- phone cell phone email residence message

Questionnaire

Are you interested in being matched with a mentor? Yes No

Are you mechanically inclined? Yes No

Can you work with the public? Yes No

How did you hear about this training program?

- Lookout staff friend other (please describe)

For Lookout Office Use Only

<input type="checkbox"/> Referred by	<input type="checkbox"/> Appointment (date)
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