

DBVI / VIB Trainee Referral Form

Please submit completed form to: catherina.hogg@dbvi.virginia.gov

Date of Referral

Name of Individual Referred

Address

Phone #

Email Address

Expected Length of VIB Referral Period (not to exceed twelve weeks)

Which VIB Team(s) is the individual interested in? (Check all that apply)

- Retail
- Manufacturing, Charlottesville
- Manufacturing, Richmond
- Service Contracts
- Fiscal, Procurement, Tech Support
- Customer Service, Sales, Business Development
- Quality Assurance

Is this referral for?

- Assessment
- Training
- Work Experience

Will the referral period be paid or unpaid?

- Paid
- Unpaid

**For an assessment or training, provide a brief overview of the individual's education, employment history, and work-related skills.
For work experience, please provide a resume.**

Referred by (VR Counselor)

Counselor Phone #

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Counselor Email Address

For VIB use only

Date Referral Forwarded

Forwarded To:

- Director of Retail
- Director of Service Contracts
- Director of Shared Operations
- Director of Brand
- Manager of Charlottesville Plant
- Manager of Richmond Plant
- Supervisor of Quality Assurance

Notes:

DRAFT