

Access Point Data Sheet

Date: _____ Days/hours of operation: _____
 Name of Access Point: _____
 Access Point Address: _____
 Main contact (phone, fax and e-mail): _____

Access Point Staff

Name (Last, First, MI)	Access Point Coordinator	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Facilities Contact Information

Name (Last, First, MI)	Phone
_____	_____
_____	_____
_____	_____

Life Threatening Situations

- 1) Call 911
- 2) Prepare a brief description of the event or incident; include names, dates, times and as much detail as possible.
- 3) Call Access Point Coordinator noted above
- 4) Call your MWC/PWC Once-Stop Coordinator noted below



Tony Porter
 Business Account Coordinator
 602/372-4492 — Cell: 602/527-1792



Access Point Coordinator
 602/262-6776

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

Access Point Data Information Sheet

This form apprises Workforce Development Division, Special Programs (FBCO) staff of: Access Point staff, contact, emergency and facilities management information.

Customer Sign-In Sheet

Name of Access Point: _____ Date: _____

By signing below you will help this agency receive credit for helping you with your job search and various other services. Please be aware that:

- A copy of this page is sent to a local workforce investment area (Maricopa Workforce Connections or Phoenix Workforce Connection) to certify you were provided with job search assistance. Therefore the information entered below may also be shared with the U.S. Department of Labor or other involved governmental agencies.
- We are committed to providing job search assistance regardless of your age, gender, race, ethnicity, religious beliefs, income level or other prohibited criteria.
- Your participation in any activity offered, including this Sign-In Sheet, is entirely voluntary and will not affect the quality of services you receive.

By signing below I attest that I have read and understand the preceding statements and that I voluntarily request job search assistance at this Access Point.

Customer's Name (Please Print)	Signature	Zip Code	First visit here	Return visit here	Ever visited a One-Stop Center		Referred to One-Stop Center		Referred to Partnering Agency	Date Referred to Partnering Agency
					Yes	No	Yes	No		

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Access Point Sign-In Sheet

This form documents first-time and repeat job seekers as well as identifies individuals needing referrals (to the One-Stop Center) for intensive and other services.

Workshop Attendance Log

Access Point Staff Member: _____ Please print your full name

Center Orientation (Hear about all of the Center Services)	Date	Trainer Initials
Time: 30 Minutes Interview Techniques		
Time: 3 Hours Introduction to One-Stop Employees / Partner Staff / Front-End Training		
Time: 1 Hour Introduction to Workforce Investment Act (WIA)		
Time: 1 Hour Job Search in the 21 st Century Space Limited - Pass Required For Class. Please See The Front Desk 30 Minutes Prior To Start Time.		
Time: 3 Hours Resume Instruction		
Time: 3 Hours TOTAL WORKSHOP TIME: 11 1/2 Hours		

Business Coordinator (FBCO) _____ Date _____

MWC Access Point Coordinators:
 Todd Beandt (602) 372-4248 tbeandt@mail.maricopa.gov
 Taina Jenkins (602) 372-4493 tjenkins@mail.maricopa.gov

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Access Point Workshop Attendance Log

This document verifies that Access Point staff have met the initial requirements of training, as outlined in Memorandum of Understanding between Maricopa County and the Access Point organization, prior to official opening.