Religious Accommodation Request Form

To request an exemption from required vaccinations, please complete Section 1 below then scan or send a clear picture of the form to pellerin@youthforcenola.org with a subject line: “Exemption Request”.

Section 1:
Intern Name (print):

Requested accommodation:

Describe the religious belief or practice that necessitates this request for accommodation:

I am requesting a religious exemption from YouthForce’s mandatory COVID-19 vaccination policy. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the company will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that YouthForce may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Intern Signature: ____________________________ Date: __________

If under 18 years old, have your parent or legal guardian sign and date below.

Parent/Guardian Name (print):

Parent/Guardian Signature: ____________________________ Date: __________

Section 2 — YOUTHFORCE STAFF USE ONLY
Select one: □ Approved □ Denied
Details:

Signature: ____________________________________________ Date: _______
