

# Tri-County Workforce Investment Area Summer Youth Employment Program

## *2009 Community Service Project Application*

A Community Service Project is a planned effort to engage a number of youth participants in a coordinated and supervised work experience activity with defined goals and outcomes for a defined community impact. Please submit your application by June 1, 2009.

### **Profile**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the organization had prior experience in the Summer Youth Program?  Yes  No  
If so, briefly describe previous experience:

Briefly, what services are currently offered by your organization?

Organization Status:  Non-Profit  For Profit  Public  Private

### **Work Plan for the 2009 Summer Program**

Please describe the major goals and objectives of your Community Service project for youth. List the specific activities to be performed by the participant(s) and indicate the expected outcome or benefits to the community. (Attach additional sheets as necessary.)

Worksite Location(s): (If worksite address is different from mailing address please note)

Will the majority of the work be done inside or outdoors?

If work is outdoors, please describe rainy weather activities:

Is the worksite accessible by public transportation?  Yes  No (Explain)

**Work Hours:** Please specify the anticipated youth work schedule (days and times) that you would like to have him/her work. (Each youth is expected to work up to approximately 30-hours per week)

| Weekday | Hours |
|---------|-------|
|         |       |
|         |       |
|         |       |
|         |       |
|         |       |

**Supervision:**

Explain in detail how adequate supervision will be assured. Please describe your supervisory plan for the project including: **youth to supervisor ratio, level of supervision and type of supervision.**

List the names and titles of each person who will be supervising youth.

| Name of Supervisor | Job Title |
|--------------------|-----------|
| 1.                 |           |
| 2.                 |           |
| 3.                 |           |
| 4.                 |           |
| 5.                 |           |
| 6.                 |           |

What are the experiences of each supervisor in relation to the supervision of youth ages 14-24? Please describe these experiences in detail.

Is this worksite handicapped accessible?  Yes  No (Explain)

Can the work experience jobs that you provide be modified so that youth with disabilities can perform these jobs?  Yes  No (Explain)

**Materials, Tools and Supplies:** Please list tools, equipment, materials and/or supplies the project will make available for use to the youth participant.

**Funding**

The Summer Youth Employment Program (STEP) will cover the wages and mandated payroll deductions for youth participants.

Are the costs, other than youth wages, for this project being provided by the organization or does this project require additional funding in order to be implemented?

Please describe in detail in the chart below the basis for any additional funding request. **(Please note that additional funding is limited and the availability of funds may impact the approval of your application.)**

| Category (such as Staff Costs, Supplies, Travel, etc.) | Amount | Explanation |
|--|--------|-------------|
|  |        |             |
|  |        |             |
|  |        |             |
|  |        |             |
|  |        |             |

**Cost per participant (Please complete the calculation below):**

$$\frac{\$ \underline{\hspace{2cm}}}{\text{Total amount of funding request}} / \frac{\underline{\hspace{2cm}}}{\text{Number of youth participants}} = \frac{\$ \underline{\hspace{2cm}}}{\text{Cost per participant}}$$

**Training and Development Corporation  
Youth Services Work Experience Program**

**Youth Job Description**

**IMPORTANT: You must attach a complete job description for each different job title being requested!!!**

Name and Address of Worksite:

Name and Phone Number of Contact Person:

Youth Job Title:

Number of Youth Requested for This Project:

Names and Titles of Each Supervisor (including any backup supervisors who may supervise youth during the work experience):

| Supervisor's Name | Supervisor's Title |
|-------------------|--------------------|
| 1.                |                    |
| 2.                |                    |
| 3.                |                    |
| 4.                |                    |

**Your Agency Agrees To The Following:**

1. The work participant(s) will learn to perform the following tasks:

- |          |          |
|----------|----------|
| A. _____ | E. _____ |
| B. _____ | F. _____ |
| C. _____ | G. _____ |
| D. _____ | H. _____ |

2. The work participant(s) will learn to use the following **tools, equipment/machines**:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_

3. If participant(s) will be working **outside**, what work activities are scheduled for inclement weather?

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_

4. The participant(s) will be expected to learn the following **work habits and behaviors**:

- A. Punctuality and Regular Attendance
- B. Acceptance of Supervision
- C. How to Get Along with Co-Workers
- D. How to be Reliable and Trustworthy

Person completing this packet:

|                |                  |
|----------------|------------------|
| _____          | _____            |
| Print Name     | Signature        |
| _____          | _____            |
| Title          | Telephone Number |
| _____          |                  |
| E-mail Address |                  |

Submit by June 1, 2009 to:  
Training & Development Corporation  
Attention: Summer Youth Employment Program  
45 Oak Street  
Bangor, ME 04401

For additional information, please contact Kathy Coogan, TDC, 207-561-4028, [kcoogan@tdc-usa.org](mailto:kcoogan@tdc-usa.org) or Nancy McKechnie, 207-561-4055, [nmckechnie@tdc-usa.org](mailto:nmckechnie@tdc-usa.org).