

**Tri-County Workforce Investment Area
Summer Youth Employment Program**

2009 Work Site Application

Worksite Profile

Name of the Organization: _____

Address: _____

Contact Person: _____ Phone: _____

Has the employer had prior experience in the Summer Youth Program? Yes No

Briefly describe previous experience:

Briefly, what services are currently offered by your business or 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 work experience program for youth. List the specific activities and/or projects to be performed by the work experience participant(s) and indicate the expected outcome or benefits to your agency as a result of participating in this program.

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 work experience 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 worksite will make available for use to the work experience 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 Job Title:

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 or Nancy McKechnie, 207-561-4055, nmckechnie@tdc-usa.org.