

SUMMER YOUTH EMPLOYMENT PROGRAM 2011

PARTICIPANT WORKSITE REFERRAL

Contractor: _____

Participant Name: _____ SYEP ID#: _____

CONGRATULATIONS!

You have completed the enrollment process and are now a participant in the Summer Youth Employment Program.

Please report to the worksite listed below to begin your employment opportunity:

Worksite Name: _____

Address: Street _____ Borough _____ Zip Code _____

Worksite Supervisor: _____ Telephone #: _____

On This Day & Date: _____ **At this time:** _____ a.m.
p.m.

Please be punctual when reporting to work and in case of an emergency contact the worksite, and this office at () _____ - _____.

Good Luck!

Participant Signature: _____ Date: _____

Contractor Signature: _____ Date: _____

Upon reporting to work, the Participant and Worksite supervisor must review, discuss, and sign below and place a copy of this form in the participant's folder. (The original form must be returned to the Contractor with the 1st week's timesheet and a copy must be retained in the participants file on site.)

Participant Responsibilities

I understand that my employer is depending on me to perform valuable services, and by signing I agree to:

- Maintain a good attendance record and arrive for work on time.
- Dress appropriately and present a neat appearance.
- Cooperate and follow directions when given a task to complete.
- Show initiative by looking for things to do or learn.
- Be respectful to myself as well as my supervisor and co-workers.

Participant Signature: _____ Date: _____

Emergency Medical Treatment Acknowledgement

(To be completed by the SYEP Participant)

In the event of a Medical Emergency; please contact the following:

Emergency

Contact Name: _____ **Relationship:** _____

Phone #: _____ **Alt. Phone #:** _____

Note: Consent for Emergency Medical Treatment authorizing the SYEP Provider, or the Worksite Supervisor to obtain emergency medical treatment for the participant if s/he is injured or require medical attention in the absence of the parent/guardian is maintained on file at the SYEP Provider's office.

Employer Responsibilities

I understand that this student wants to work and gain valuable skills for a productive future; therefore by signing I agree to:

- Provide an environment that will help this Participant to see the connections between school and work.
- Provide feedback on the participant's performance so that the participant can learn and grow.
- Respect the participant as a youth and an individual; and provide the required training to ensure they receive a realistic work experience.

Worksite Supervisor Signature: _____ Date: _____