



I. General Information

Contractor: _____

Worksite Name: _____

Address: _____

Number & Street Address

Borough

Zip Code

Between Streets/

Travel Directions

Cross Streets: _____

(List closest Train or Bus) _____

If there is more than one location for this worksite, additional applications must be completed for each site address.

Employment Sector: (Check ONE type only)

- Non-Profit, Large Non-Profit (Universities or Hospitals), Private/ For-Profit, Government

Industry/ Sector: (Check ONE Only)

- Arts & Recreation, Educational Services, Hospitality/Tourism, Media/Entertainment, Camp (Out of City), Financial Services, Legal Services, Real Estate/Property, Community/Social Service, Government Agency, Manufacturing, Retail, Day Care, Healthcare/Medical, Marketing/Public Relation, Transportation, Information & Technology, Other: (indicate on the line), Community Service Project, Service Learning Project

Is this a Childcare related Worksite? No Yes; If "Yes" see statement below.

Is this a Nature/Environment related Worksite? (Outdoor Work Assignments) No Yes; If "Yes" see statement below.

Will SYEP Participants attend trips or outings? See Worksite Handbook No Yes; If "Yes" see statement below.

These worksites may need Special Planning and/or require a Trip Schedule form; Please complete additional information as requested in Section V and Section VI.

Please provide a brief description detailing the nature of your business. Include interesting projects and/or accomplishments of your business.

Does your business have a web address? List it here: _____

II. Management

How many Full-Time employees do you have in your establishment? _____

How many of these staff will be responsible for supervising youth? _____

Please complete all the information for each listed staffer responsible for supervising youth at this worksite.

Please check all related areas: Worksite Representative, Supervisor, Key Management Personnel. Last Name, First Name, Title, Phone, Fax, Email, Area of Supervision, Check Box if Authorized to Sign Timesheets

Continued on Next Page



Please check all related areas: Worksite Representative
 Supervisor
 Key Management Personnel

Last Name: _____ First Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Area of Supervision: _____ Check Box if,; Authorized to Sign Timesheets

Please check all related areas: Worksite Representative
 Supervisor
 Key Management Personnel

Last Name: _____ First Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Area of Supervision: _____ Check Box if,; Authorized to Sign Timesheets

Please add additional pages to include all staff working with youth. Be sure to review ratio requirements in "Jobs & Schedule" section of application.

III. Jobs & Schedules

What is the total number of Participants requested from this DYCD Provider for this Worksite? _____

Supervisor to Participant ratio must at minimum be one (1) adult supervisor to twelve (12) Participants.

What will be the number of Supervisors to Participants at this Worksite? _____ : _____
of Supervisor # of Participant

Scheduled hours youth will be working at the Worksite (use the earliest and latest time that youth are working):

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| From: _____ | From: _____ | From: _____ | From: _____ | From: _____ | From: _____ | From: _____ |
| To: _____ | To: _____ | To: _____ | To: _____ | To: _____ | To: _____ | To: _____ |

Check if youth will have alternate/staggered work schedules.

Please complete and submit Job Duties and Responsibilities worksheet; Section IIIA. to ensure your application can be considered for participation in the Summer Youth Employment Program.

IV. Certifications

Has this establishment been the subject of any federal, state, or city investigation, criminal or, civil action in the last five years?
 No Yes; [If yes, provide all details, dates and outcomes on a separate sheet that must be attached to this application.]

I understand by submitting this Worksite Application; I am not guaranteed participation in the SYEP as a Worksite. If selected to be a SYEP Worksite; I will be notified by the SYEP Provider to complete the necessary documents to become an official SYEP Worksite.

I hereby certify that all information provided in this application is accurate and complete to the best of my knowledge.

Signature of Worksite Supervisor _____ Title _____ Date _____



JOBS DUTIES & RESPONSIBILITIES (SECTION IIIA.)

THIS PAGE is REQUIRED FOR SUBMISSION

Please complete the information below to describe the type of work the participant will be doing while working in your business. **Note: This information must be completed to be considered for the Summer Youth Employment Program.**

Complete one section for each type of work assignment you propose. The descriptions and requirements must be specific, nonexclusive and pertinent to the work activity. All job descriptions must demonstrate that a genuine work experience will be provided for the work week. *VAGUE, INCOMPLETE OR INACCURATE INFORMATION MAY RESULT IN THE DISQUALIFICATION OF YOUR ORGANIZATION AS A WORKSITE.* The total number of Participants in all job titles must correspond to the total number of participants requested for the site.

Please see below for sample participant job categories.

| | | | | |
|----------------|---------------------------|------------------|-----------------------|----------------|
| Beautification | Counselor/Recreation Aide | Customer Service | Hospital / Health Aid | Office Aide |
| Community Aide | Cultural Aide | Dietary Aide | Maintenance | Teacher's Aide |

Job Category: _____ Job Title: _____

Duties(Give Details/Specifics):

Total # of Participants assigned to these job duties:

Please check the requested age group for this job description: 14 – 15 years old 16- 24 years old

Special Requirements (i.e. age, experience, etc.): _____

Job Category: _____ Job Title: _____

Duties(Give Details/Specifics):

Total # of Participants assigned to these job duties:

Please check the requested age group for this job description: 14 – 15 years old 16- 24 years old

Special Requirements (i.e. age, experience, etc.): _____

Please check here if additional pages are attached. How many? _____
(If necessary, please complete additional pages)



SYEP SPECIAL PLAN ATTACHMENT (SECTION V)

DYCD Contractor: _____

Worksite Name and Address: _____

Please check all the corresponding boxes for your worksite:

- Licensed Childcare Site, Out of City Worksite, Environmental/Nature Site

Licensed Child Care-Related Worksites

What type of facility do you operate? Day Care, Day Camp, Other: (Please describe)

What are the start and end dates of the program? _____ to _____

How many younger children do you expect to service in your establishment this year? _____

Will SYEP Participants accompany younger children on trips or outings? No, Yes; Complete Section VI

Please select the type of license your program has and complete the required information:

(It is the responsibility of the Childcare site to ensure all DOH requirements are met to participate in the program and receive SYEP Participants.)

- SACC License Number, DOH License Number, BEDS Code, Expiration Date

For Childcare Related Worksites; it is required to submit the following form to document all ventures outside of the worksite location which youth will participate. Trips & Field Work Request Form (Section VI)

Please attach a copy of the Parental Consent Form that will be used for participants working in Out-of-City Worksites.

Out-of-City Worksites:

Are SYEP Participants required to stay overnight? Yes, No

Describe overnight housing arrangements for SYEP Participants. _____

Describe the non-work hour activities. _____

How are SYEP Participants transported to/from this worksite and New York City? _____

Describe the meal plan for SYEP Participants during their work day at this site. _____

The ratio of adult counselors to children, eight years of age and older, is 1:12. For children six to eight years of age, the ratio is 1:9. For children less than six years of age, the ratio is 1:6. NOTE: Adult counselors must be at least 18 years of age with prior youth counseling experience. Day camps must submit a copy of their most recent school-aged child care license and/or overnight camp permit.

Please attach a copy of the Parental Consent Form that will be used and the Trip Schedule for the summer

SPECIAL PLAN FOR ENVIRONMENTAL/NATURE WORK ASSIGNMENTS:

Please describe the planned outcome of the project include the timetable for this plan:

Exact boundaries of the area of the project (s):

Describe types of equipment to be used and, projected plan of supervision while equipment is in use:



TRIPS & FIELD WORK REQUEST FORM (SECTION VI)

DYCD Contractor: _____

Worksite Name and Address: _____

List the following information for all scheduled trips:

| T R I P S | Date | Time | | Trip Location (Include Address) | # of Participants attending Trip | Will this Trip exceed youth's regular scheduled hours? | Number of Supervisors remaining at site | Number of Participants remaining at site |
|-----------------------|------|------|----|------------------------------------|---|---|--|---|
| | | From | To | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

List the names of all supervisors taking the trips:

| Name | Title |
|------|-------|
| | |
| | |
| | |

Environmental Outings Locations:

If work assignments involve outdoor activities, traveling clean-up, beautification (SYEP Special Plan pg. 4) list alternate locations. Include plans for Participants' work location and activities during inclement weather:

| Alternate Work Locations | Planned Activities |
|--------------------------|--------------------|
| | |
| | |
| | |

Inclement Weather Plan: _____

Number of Supervisors remaining at site: _____ Number of Participants remaining at site: _____

Completed By: _____
Print Name Signature Date



COMMUNITY SERVICE & SERVICE LEARNING

PROJECT REQUEST FORM (SECTION VII)

PAGE 1 OF 2

Contractor: _____

Worksite Name Affiliation: _____

Service Project Name: _____

Address: _____

| | | | |
|------------------------------------|-------------------------|--|----------|
| | Number & Street Address | Borough | Zip Code |
| Between Streets/ Cross Streets: | _____ | Travel Directions (List closest Train or Bus) _____ | _____ |

Project Contact Name: _____ Title: _____

Contact Phone: _____ Email: _____

****If there is more than one location for this project, additional request forms must be completed for each site address.****

| | | |
|----|---|--|
| 1. | How many participants will be working on this service project? | |
| 2. | How many supervisors will be working with the participants on the service projects? | |

| | | | | |
|----|--|-----------------------------|--|---|
| 3. | Please check the type of Service Project : | | Community Service <input type="checkbox"/> | Service Learning <input type="checkbox"/> |
| a. | Will participants attend trips? | No <input type="checkbox"/> | Yes <input type="checkbox"/> ; Please complete the "Trips & Field Work Request Form" | |

| | | | |
|----|--|--------|------|
| 4. | Please list the names and titles of the staff that will be working on the service project with the participants. | | |
| | Staff Names | Titles | Role |
| | | | |
| | | | |
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PROJECT REQUEST FORM

| | |
|----|--|
| 5. | Please describe the nature of the proposed Service project? (Give Details) <i>Include the names of outside partnering agencies or groups assisting with the project.</i> |
| | |
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|----|--|
| 6. | Please explain the timeline for completing this project. Be sure to include the duration of the project. |
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|----|--|------------------------------|
| 7. | Please list the types of equipment, tools and supplies that will be used during this project. Who will have access to these items? <i>(DYCD and Government policy prevent the use of certain tools and chemicals by minor children)</i> | |
| | Type of equipment, tools and supplies | Who will be using this item? |
| | | |
| | | |
| | | |
| | | |

I understand by submitting this Project Request Form; I am not guaranteed participation in the SYEP as a Community Service/Service Learning Project. I further understand final approval of this Project will be decided by DYCD; if this project is Approved, I will be notified by the SYEP Provider to complete the necessary documents to become an official SYEP Community Service/Service Learning Project.

I hereby certify that all information provided in this request form is accurate and complete to the best of my knowledge.

Signature of Project Supervisor

Title

Date

DYCD and all SYEP Contractors reserve the right to decline participation with any business. All businesses must be in compliance with all Federal, New York City, and New York State and Department of Labor regulations. Information provided may be used by the City of New York to improve City services or to access additional funding.

Please be sure to complete all required attachments of the SYEP Worksite Application as they may apply before submitting this form.