

**Greenfield**

One Arch Place  
Greenfield, MA 01301  
Tel: 413-774-4361  
Fax: 413-784-1765

**Northampton**

178 Industrial Drive - Suite 1  
Northampton, MA 01060  
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[www.fhcc-onestop.com](http://www.fhcc-onestop.com)

May 2009

To Private Sector Work Sites:

The Summer Youth Employment Program is looking for businesses, artisans, and trades people who would be interested in sponsoring a young person in a training and mentoring program for the upcoming summer period. Participants can be enrolled for six to fourteen weeks and programs can be developed for fifteen to forty hours per week.

SYEP participants are between the ages of 14 and 24 and economically disadvantaged. Many of them have never been in the work force before. The SYEP pays all wages and provides workers compensation insurance for each participant.

We would expect programs to provide training and mentoring that would lead to real employability skills and all work performed by the participant would have to be designed to develop these skills. This will require close supervision and involvement by the work site trainer/mentor. Work sites will also be required to utilize the Massachusetts Work Based Learning plan to document the participant's skill attainment.

No SYEP participant can be used to replace any other employee at your work site and their involvement in this program can not be used to improve the profit margin of the host business.

If you are interested in taking part in this opportunity please fill out the attached work site application. If you have questions or would like more information about participating, please contact the Franklin Hampshire Career Center at 413/774-3182 ext. 220.

Thank you,

Paul Putnam,  
SYEP Coordinator

**FRANKLIN/HAMPSHIRE EMPLOYMENT AND TRAINING CONSORTIUM  
WORKFORCE INVESTMENT ACT YOUTH PROGRAMS  
ONE ARCH PLACE  
GREENFIELD, MA 01301  
413.774.3182**

**SUMMER WORK SITE APPLICATION**

**NAME OF ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**DIRECT SUPERVISOR'S NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**1. PLEASE GIVE A DESCRIPTION OF WORK TO BE PERFORMED AT YOUR WORK SITE.**

**2. EXPLAIN ANY JOB TRAINING OR SKILLS ACQUISITION SYEP PARTICIPANTS MAY OBTAIN WORKING AT YOUR SITE.**

**3. EXPLAIN ANY PARTICULAR SKILLS, QUALIFICATIONS, OR RESPONSIBILITIES REQUIRED BY THE PARTICIPANT FOR THE ABOVE JOB ASSIGNMENTS.**

**4. LIST WEEKLY WORK SCHEDULES FOR THE PARTICIPANTS. (30 HOURS PER WEEK)**

**MONDAY** \_\_\_\_\_ **A.M. TO** \_\_\_\_\_ **P.M.**      **TUESDAY** \_\_\_\_\_ **A.M. TO** \_\_\_\_\_ **P.M.**

**WEDNESDAY** \_\_\_\_\_ **A.M. TO** \_\_\_\_\_ **P.M.**      **THURSDAY** \_\_\_\_\_ **A.M. TO** \_\_\_\_\_ **P.M.**

**FRIDAY** \_\_\_\_\_ **A.M. TO** \_\_\_\_\_ **P.M.**

**(PARTICIPANTS MAY NOT BE PAID FOR LUNCH)**

5. SOME OF THE PARTICIPANTS WILL BE REQUIRED TO ATTEND EDUCATIONAL ENRICHMENT OPPORTUNITIES. WOULD YOU BE WILLING TO ARRANGE FOR EARLY RELEASE TIME WITH WIA STAFF FOR THESE PARTICIPANTS?

YES \_\_\_\_\_ NO \_\_\_\_\_

6. BRIFLY, DESCRIBE THE SUPERVISION PLAN FOR ALL PARTICIPANTS.

7. CAN YOU ASSURE THAT THE PARTICIPANT WILL NOT DISPLACE ANY CURRENT EMPLOYED WORKERS OR IMPAIR ANY EXISTING CONTRACT FOR SERVICES?

YES \_\_\_\_\_ NO \_\_\_\_\_

8. WILL THE PARTICIPANT BE INVOLVED IN A TYPE OF WORK WHICH IS WITHIN THE NORMAL JURISDICTION OF A COLLECTIVE BARGAINING AGENT?

YES \_\_\_\_\_ NO \_\_\_\_\_

(IF THE ANSWER IS YES, ATTACH A LETTER FROM THE UNION STATING ITS VIEWS REGARDING THE WIA SUMMER YOUTH ASSIGNMENTS.)

**FUNDING REDUCTION AND MAINTENANCE OF EFFORT:**

FEDERAL REGULATIONS REQUIRE AND OUR POLICY WILL BE: NO WIA PARTICIPANTS MAY BE HIRED OR REMAIN WORKING IN ANY POSITION WHEN ANY OTHER PERSON NOT SUPPORTED UNDER WIA IS ON LAY-OFF FROM THE SAME ORGANIZATIONAL UNIT OR THAT ORGANIZATION HAS A HIRING FREEZE IN EFFECT.

9. DOES THIS SITUATION AFFECT YOUR ORGANIZATION? YES \_\_\_\_\_ NO \_\_\_\_\_  
(IF YES, PLEASE EXPLAIN BELOW)

IS YOUR ORGANIZATION: PUBLIC NON-PROFIT \_\_\_\_\_ PRIVATE NON-PROFIT \_\_\_\_\_  
OTHER \_\_\_\_\_ PRIVATE FOR PROFIT \_\_\_\_\_

A PERSON AUTHORIZED TO SIGN FOR THE ORGANIZATION LISTED ABOVE MUST SIGN THIS APPLICATION.

I STATE THAT THE ABOVE INFORMATION IS ACCURATE AND THAT I AM FAMILIAR WITH THE GOALS AND OBJECTIVES OF THE WIA YOUTH PROGRAMS. I UNDERSTAND THAT THIS IS NOT A COMMITMENT AND THAT WIA YOUTH PROGRAMS MAY NOT RECEIVE CONTINUED FUNDING AND, THEREFORE, MAY NOT CONTINUE IN OPERATION.

CONTACT PERSON: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
PLEASE PRINT

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_