



2009 Summer Youth Program Application



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| Return Applications to: Fox Valley WDB (FVWDB) Attn: Summer Youth Program 1401 McMahon Dr Neenah, WI 54956 | Questions? Contact: Kim Lemieux Ph: 920-720-5600 or klemieux@fvwdb.com |
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Application Deadline: April 30, 2009

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| Organization or Business Name: | |
| Contact Person: | |
| Address: | |
| Phone: | E-mail: |
| Type of organization: <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Public <input type="checkbox"/> Other: | |
| Briefly describe project: | |
| Service period: <input type="checkbox"/> Summer 2009 Only <input type="checkbox"/> Summer 2009 and Year Round | |
| Projected start date: | Projected end date: |
| Estimated number of youth participants applicant could serve: | |
| Ages of youth served: (check all that apply) __14 __15 __16 __17 __18 __19 __20 __21 __22 __23 __24 Explain any age restrictions/preferences: | |
| Was this work done previously? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, who performed the work?</i> _____ | |
| Does this work involve a union bargaining unit? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are there workers in layoff status who have done this work? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Job title: (Attach additional sheets if requesting youth for multiple jobs.) | |
| Tentative Hours: Mon: Tues: Wed: Thu: Fri: Sat: Sun: | |
| Is there any flexibility with the hours noted above? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Describe job duties & necessary skills: (Attach additional sheets if necessary.)

Will your organization provide supervision at no cost to the FVWDB? Yes No Possibly
If yes or "possibly",

Will supervisors be able to attend a mandatory program orientation (2-4 hours)? Yes No

Will supervisors submit to a mandatory background check? Yes No

Provide name, contact info (if different from above), title, and job description of supervisor(s), if known:

Describe special tools, equipment, or materials that will be used to perform these jobs:

Describe any training required for youth working at your site and how it will be provided:

Describe any other requirements for youth working at your site: (safety, immunizations, physical, etc.)

Other Information/Comments:

Signature of Authorized Representative

Title

Date