



2010 Summer Youth Employment and Learning Program Participant Handbook

Dear Participant:

On behalf of Capital Workforce Partners (CWP), we extend a warm welcome as you begin the 2010 Summer Youth Employment and Learning Program. The program presents an opportunity for you to gain valuable employment and career skills. Just as important, you will be making your own contribution to improving the lives of the people in your community.

The Participant Handbook contains important information about the program such as your rights and responsibilities. Read it carefully and do not hesitate to ask your supervisor about anything you find unclear or do not understand. Keep it handy throughout the program so you may refer to it when necessary.

We want you to have a great summer experience and to learn how to be the kind of employee that companies are happy to hire.

Sincerely,

Thomas Phillips
President and CEO
Capital Workforce Partners

Introduction

Welcome to _____

(SYELP Provider Organization)

where you are a participant in the **2010 Summer Youth Employment and Learning Program (SYELP)**. As an enrollee in this program, you will gain social and work readiness skills. But, most of all, you can gain work experience that can be used in the adult world.

The **Tier III Summer Youth Employment and Learning Program** receives funding from the federal and state government. The program provides employment and training for youth in the community. Participating agencies provide work readiness training, work site assignments and evaluation of work performance. A copy of the Employee Performance Review form that your supervisor will be using to evaluate your performance is included at the end of this handbook.

Goals and Objectives of the Summer Youth Employment and Learning Program:

- To increase the work readiness skills of participating youth and prepare them for the workforce.
- To expose participating youth to various employment opportunities and teach them job readiness skills needed to obtain and retain employment.
- To provide opportunities for training.
- To offer work experience and help youth develop useful work behaviors.
- To encourage participants to remain (or return) to school by demonstrating the links between school completion and success in the workplace.

Tier III: Enhanced Employability Skills Training and Employment

Programming is designed for youth ages 16 to 24 years old to teach work readiness skills and to develop a job seeking and career awareness portfolio. Tier III includes subsidized employment in the public, private, and non-profit sectors related to the youth's knowledge, skills, and interests. Through programming and placements, youth will reinforce the ability to demonstrate Career Competencies, gain the skills and experience necessary to build a resume and seek unsubsidized employment, and to create a personal portfolio of job seeking and career and education planning tools.

It is expected that in-school youth will participate for 25 hours a week for 8 weeks and that out-of-school youth will participate for 30 hours a week for 11 weeks. The program will help youth develop positive social skills, career awareness and work readiness skills.

Participants in the Tier III program will complete a Career Portfolio which will include a resume and cover letter. Program supervisors will assist participants in completing the Harrington O'Shea Career Decision Making Tool. Mock interviews (optional) and information on three options for education and training based on career interest inventory results must also be completed.

Information for Participants – Work Rules for Youth

Absences and Tardiness

You must notify your worksite supervisor and your program supervisor at least one half-hour before your regular starting time if you will be absent or late. Repeated absences or tardiness may result in your termination from the program.

Time Records

You will sign in and out on the time sheets which will be provided by your program supervisor. Only those hours you have actually worked are to be recorded. Do not add in time for lunch breaks since lunch is not paid time. Sign your time sheet in blue or black ink. Your worksite supervisor as well as your program supervisor must also sign your time sheet. If your time sheet is not filled out correctly, there will be a delay in issuing your paycheck.

Payroll

You will be paid \$8.25 per hour for each hour worked. You will be paid weekly for the duration of the program. Participant benefits include Worker's Compensation coverage if you are injured while on the job, and the employer's contribution for Social Security. The employee's share of contributions is deducted from your pay. If your paycheck is lost, stolen, or misplaced, you should notify your supervisor at once. Your program agency distributes checks. Your check will not be delivered to anyone but you. You will be required to present identification each time that you pick up your paycheck. In case of an emergency your parent or guardian is allowed to accept a check on your behalf.

Accidents

If you are injured on the job, notify your worksite supervisor and program supervisor at once. Proper medical attention must be sought immediately within 24 hours.

Problems

If a problem arises at the worksite, you should discuss it with your program supervisor. If they cannot resolve the problem you will be referred to a representative from your program agency.

Termination

If you decide to leave the program, you must notify your program supervisor in advance. Your program supervisor, in turn, will notify your worksite supervisor and CWP. This will insure proper processing of your last paycheck. You may be terminated if you create an unsafe situation or for any serious infraction of the rules and/or code of conduct.

Grievances Procedures

Capital Workforce Partners (CWP) and its program agents assure that participants and staff employed under SYELP shall not be discriminated against on the grounds of race, creed, color, handicap, national origin, sex, political affiliation, or beliefs. Capital Workforce Partners does not tolerate any type of sexual harassment. If a person feels that she/he has been discriminated against or sexually harassed contact your program agency or Capital Workforce Partners.

Grievance Officer
Capital Workforce Partners
One Union Place
Hartford, CT 06103
860-899-3440

Political Activities

Federal law prohibits Summer Youth Employment and Learning Program participants from taking part in partisan political activities such as lobbying, fund raising, making speeches, assisting at meetings, and distributing pamphlets during work hours.

Safety

Supervisors may not allow youth to do any work or to work in any place or with any equipment that does not comply with the applicable state and federal laws governing health and safety requirements.

Monitoring

It is important to note that worksites will be monitored throughout the year by representatives from Capital Workforce Partners and agency officials operating the program. This is to ensure that all aspects of the program are meeting our commitment to provide you with a meaningful work experience. You may be selected to be interviewed by a monitor; if so, you are to cooperate fully in this monitoring process.

Supervisor's Name and Telephone Number

You should note and have available the name and telephone number of your worksite supervisor and program supervisor and notify them on any occasion when you will be late, absent or need to discuss any concerns you may have:

Your worksite supervisor's name is: _____

His/her telephone number is: _____

Your program supervisor's name is: _____

His/her telephone number is: _____

Tips on Staying With Your Job

Keeping a job requires more than the ability to do it well. It means dealing with such difficulties as getting to the job, possible boredom with the work or problems with other workers or your supervisor. Stay with the job; try to reduce these problems by improving your own performance and developing good work habits.

Some points for you to consider:

1. **Show up every day.** Your job needs you just as much as you need it. If you don't show up, someone else has to do your work. This could affect the entire project. If you are sick, call your worksite supervisor as soon as you are sure you will be absent. Don't wait until the last minute. Give your worksite supervisor enough time to find a replacement for you.
2. **Come to work on time.** If you show up late for work, you are holding up everyone else. Your worksite supervisor must make sure that all workers show up on time. If you know you will be late, let your supervisor know.
3. **Find out how you are doing.** If your worksite supervisor doesn't meet with you regularly to evaluate your progress, you should ask how you are doing. You should find out what things your worksite supervisor thinks you do well and what things could be improved. If your worksite supervisor says that you need to do a better job at something, ask him or her to show you how.
4. **Listen and ask.** Be sure that you know what your duties are and how to do them right. When you are being given instructions, listen very carefully, ask questions and take notes. Don't be afraid to say, "I don't understand." Be sure that you know what you are doing before you start a task.
5. **Keep busy.** If you find that you have run out of work to do, don't sit around waiting for somebody to tell you what to do next. Look around to see what still needs to be done. If you don't see anything, go to your supervisor and ask for more work.
6. **Do your best.** Always do your best! Your work is a reflection of yourself.
7. **Take care of your personal appearance.** Be neat and clean. Wear clothing that is appropriate for the job. (Refer to the Code of Conduct)
8. **Be friendly.** Make a real effort to get along well with others.



2010 Summer Youth Employment and Learning Program Participant Code of Conduct

TO: Tier III Participants
FROM: Capital Workforce Partners

This summer youth program offers you the opportunity to gain employment skills. Please read this Code of Conduct and agree to abide by its terms by signing below.

Goal: I will set a goal to improve my work readiness skills this summer. I understand that I will be evaluated at the beginning and at the end of my work experience, and I will strive to improve my performance throughout the summer.

Dress: I understand that it is necessary to dress appropriately for my work environment. Unacceptable clothing includes: halter tops; clothing that droops or relies on holding it up to move; and headgear such as headbands, bandanas or do-rags.

Attendance: Attendance is an important factor to my overall employment performance. I understand that I am expected to be at the program on time and on a daily basis.

Zero Tolerance for Workplace Violence: I understand that the following behavior will result immediate termination from the program:

- Any threat or act of violence toward another individual
- Bringing a weapon of any kind to any program activity

Grounds for Expulsion: I understand that any of the following may be grounds for expulsion:

- Profanity or foul language
- Tardiness
- Absenteeism
- Any aggressive behavior, such as sexual harassment
- Failure to exhibit self-respect and respect for others
- Any use of, purchase or possession of drugs and/or alcoholic beverages
- Any stealing or possession of stolen property during any program activity
- Any behaviors that may be considered prejudicial against race, socioeconomic differences, disabilities, religion, or sexual preference

I understand and fully agree to abide by the above rules during any activity sponsored by Capital Workforce Partners. I also acknowledge receipt of this agreement.

Applicant Name

Applicant Signature

Date

Parent/Guardian Name
(if applicant is under 18)

Parent/Guardian Signature
(if applicant is under 18)

Date



2010 Summer Youth Employment and Learning Program Emergency Contact Form

Student Name: _____

In case of an emergency (medical or disciplinary) please contact:

Name: _____

Daytime Telephone Number/s: _____

Relationship to Participant: _____

If the person listed above cannot be reached, please contact:

Name: _____

Daytime Telephone Number/s: _____

Relationship to Participant: _____

I understand that the community-based organization affiliated with the Summer Youth Employment and Learning Program will contact one of the above participant emergency contacts in the event of a medical or disciplinary emergency.

Applicant Name

Applicant Signature

Date

Parent/Guardian Name
(if applicant is under 18)

Parent/Guardian Signature
(if applicant is under 18)

Date



2010 Summer Youth Employment and Learning Program Minor Participant Medical Release Form

TO: Parents/Legal Guardians
FROM: Capital Workforce Partners

The following information **must be completed and signed by you** and returned to **the organization employing each youth for the summer** by the parent/legal guardian of all minor youths involved in the Summer Youth Employment and Learning Program.

Participant Name: _____ Date of Birth: _____

Please complete the following medical questions:

1. Has your child been treated for any of the following? (Circle Yes or No and indicate date if applicable)

- a. Injuries/Fractures Yes No Date: _____
- b. Head trauma Yes No Date: _____
- c. Loss of consciousness Yes No Date: _____
- d. Allergies Yes No Date: _____
- e. Asthma Yes No Date: _____
- f. Shortness of breath Yes No Date: _____
- g. Heart problems Yes No Date: _____
- h. Chest pains Yes No Date: _____
- i. Bleeding disorders Yes No Date: _____

2. Is your child taking medications daily? Yes No

3. Is your child allergic to insect bites? Yes No

4. Is your child using an asthma inhaler/pump? Yes No

I authorize release of this information to the organization for summer employment.

Parent/Guardian Name
(if applicant is under 18)

Parent/Guardian Signature
(if applicant is under 18)

Date



2010 Summer Youth Employment and Learning Program Release and Consent of Information and Photograph

I, _____, give my permission to Capital Workforce Partners Summer Youth Employment Program to release the following information:

_____ My name

_____ My experience with 2010 Summer Youth Employment and Learning Program

_____ My testimonial: _____

_____ My photograph

It is my understanding that the above checked items may be used by Capital Workforce Partners (CWP) and related service provider agencies, in written correspondence, print collateral and web based communications (ex: Annual Report, website, displays at Job Fairs or Advocacy Initiatives, in informational brochures at events that promote One Stop services, etc.) I also give my permission to CWP to release the following information to the Connecticut Department of Labor, if they request it for use in any of their materials or correspondence as well.

Applicant Address: _____

Applicant Name

Applicant Signature

Date

Parent/Guardian Name
(if applicant is under 18)

Parent/Guardian Signature
(if applicant is under 18)

Date

Please return this release to:

Capital Workforce Partners, One Union Place, Hartford CT 06103

Thank you for sharing your story.



Summer Youth Employment and Learning Program Participant Handbook Receipt

By signing this statement, I certify that I have received the participant handbook, contained herein, the rights and benefits, grievance procedure and sexual harassment policy due to me as a participant of the Capital Workforce Partners Summer Youth Employment and Learning Program (SYELP). I agree to do what is required as long as I am enrolled in the summer program.

It is very important that you sign the following forms, and that your parent/legal guardian also sign them (if you are under 18 years of age) by **Friday, July 16, 2010**.

- Code of Conduct
- Emergency Contact Form
- Medical Release Form
- Image Release Form

In the event that the forms mentioned above are not returned signed by the due date, your paycheck will be withheld until all documents are returned. Your prompt cooperation is appreciated.

SYELP Provider Organization

Participant's Printed Name

Date of Birth

Participant's Signature

Date