2020 Summer Youth Employment and Learning Program

Virtual Participant Handbook

Introduction

Welcome to Summer Youth Employment and Learning Program (SYELP) that provides employment and training for youth in the community. As a participant in this program, you will gain social and work readiness skills along with experience that can be used in the adult world. This handbook will help you to understand the benefits and expectations of the program.

Acknowledgement of Receipt

By signing below, I certify that I received the 2020 SYELP Participant Handbook including the Standard Time, Attendance and Payment Policies, Code of Conduct and rights and benefits due to me as a participant of Capital Workforce Partners' SYELP. I acknowledge that I have been advised that it contains important information about participating in SYELP and that I am required to read this material before participating in the SYELP. I understand and fully agree to abide by the rules in this handbook during any activity sponsored by Capital Workforce Partners.

Participant Name	Participant Signature	Date
Parent/Guardian Name (if participant is under 18)	Parent/Guardian Signature (if participant is under 18)	Date

It is very important that you and your parents, if you are under 18 years of age, sign the following forms that are attached to this handbook and return the signed forms by _____. You will not be allowed to participate in the program until these signed forms are returned.

- Acknowledgement of Receipt (a copy will be returned to be kept in handbook)
- Participant Code of Conduct (a copy will be returned to be kept in handbook)
- Emergency Contact Form
- Minor Participant Consent and Release Form (for minor participants only)
- Consent and Release of Participant Information and Photograph

If you have any questions after reviewing this handbook, please ask your program supervisor for assistance.

A copy of this page is provided to the participant and a copy is placed in their file.

SYELP Contact Information

Your program supervisor's name is: _____

Program supervisor's phone number: _____

Be prepared and have available the name and telephone number of your program supervisor. Notify them if/when you will be late, need to leave early, absent or need to discuss any concerns you may have.

2020 Summer Youth Employment and Learning Program
Participant Handbook

Purpose of this Handbook

This Participant Handbook provides important program information and explains your responsibilities as a participant in the Summer Youth Employment and Learning Program (SYELP).

Program Overview

The SYELP provides youth ages 14 through 21 with an opportunity to gain valuable employment related knowledge and skills through networking with employers, virtual workshops, and online learning platforms. The goals and objectives of the SYELP are to: increase your work readiness skills, expose you to various employment opportunities, provide you with opportunities for work-related training, and encourage you to remain in to school by showing you how school completion leads to success in the workplace. The program lasts four to six weeks during the months of July and August.

Important Information Related to Participation in SYELP

Problems

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

Termination

If you decide to leave the program, you'll need to notify your program supervisor in advance. Your program supervisor, in turn, will notify CWP. This will insure proper processing of your last paycheck. In the unlikely event that you violate a serious code of conduct or work rule, you may be put on leave from the program. The rules and code of conduct are contained in this handbook.

Grievance Procedure

Capital Workforce Partners (CWP) and its Provider Organizations 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, sexual orientation or beliefs. Capital Workforce Partners does not tolerate any type of sexual harassment. If you feel that you have been discriminated against or sexually harassed contact your program agency or Capital Workforce Partners at the following address.

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

Important Information Related to Participation in SYELP Continued

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.

Monitoring

It is important to note that worksites will be monitored throughout the summer by representatives from Capital Workforce Partners and agencies funding and 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.

Attendance Sheet

Each program site, including worksites and service learning sites, must have an attendance sheet, and participants must sign in and sign out at the start and end of each period of learning, service, and work.

Individualized Time Sheets

Each participant's actual daily hours must be recorded on individual time sheets. Each time sheet must document the participant's actual hours of learning, service and work, and note the start and stop times for unpaid lunch breaks as applicable. Participants may be paid only for hours that they actually attended learning and work activities. Participants may not be paid for hours that they did not actually attend.

2020 Summer Youth Employment and Learning Program

Participant Code of Conduct

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 during the program and will have a formal review at the end. I will strive to improve my performance throughout the summer.

Dress Code: I understand that although this program will be held remotely, 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; revealing attire such as very short shorts, midriff shirts or low cut tops; and headgear such as headbands, bandanas or do-rags. Some worksites may have additional dress code and professional expectations.

Virtual Professionalism: I understanding that although this program will be held remotely, I should treat a video call as if it were happening in person. During video calls I will make sure my mic is muted unless I am the person speaking. I will minimize distractions by turning off other electronics and making sure my cell phone is away.

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 in accordance with the time and attendance policy.

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.

Participant Name	Participant Signature	Date
Parent/Guardian Name (if participant is under 18)	Parent/Guardian Signature (if participant is under 18)	Date

A copy of this page is provided to the participant and a copy is placed in their file.

Revised 6/25/20

2020 Summer Youth Employment and Learning Program
Emergency Contact Form

Participant Name: _____

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

Name: _____

Daytime Telephone Number: _____

Alternative Telephone # : _____

Relationship to Participant: _____

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

Name: _____

Daytime Telephone Number: _____

Alternative Telephone # : _____

Relationship to Participant: _____

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

Participant Name	Participant Signature	Date
Parent/Guardian Name (if participant is under 18)	Parent/Guardian Signature (if participant is under 18)	Date

2020 Summer Youth Employment and Learning Program

Minor Participant Consent and Release Form

(For Minor Participants Only)

TO: Parents/Legal Guardians of Minor Youth Participants

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.

I, the undersigned parent/legal guardian of _____ with the birthdate of
(Participant Name)

_____, has my consent to participate in the 2020 Summer Youth Employment Program.
(Participant's date of birth)

Please complete the following medical questions:

1. Does your child have a food allergy? Yes No If yes, which foods: _____
2. Is your child allergic to insect bites? Yes No
3. If the answer to 2 or 3 above is yes, will your child bring an epinephrine auto-injector (e.g., EpiPen)? Yes No
4. Does your child take medications daily that he/she will have to take during program hours? Yes No
5. If yes, which medication: _____
6. Is your child using an asthma inhaler/pump? Yes No

- I authorize release of this information to the organization for summer employment or service learning.
- I authorize my child to self-administer any medication listed above, as necessary.

Parent/Guardian Name (If participant is under 18)	Parent/Guardian Signature (If participant is under 18)	Date

Release and Consent of Information and Photograph

I give my permission to Capital Workforce Partners to release the following information: (Please check all that CWP has permission to use)

- ☐ My name
- ☐ My video
- ☐ My photograph
- ☐ My testimonial

I do not give my permission to Capital Workforce Partners to release the following information: (Please check all that CWP **does not** have permission to use)

- ☐ My name
- ☐ My video
- ☐ My photograph
- ☐ My testimonial

It is my understanding that the above checked items may be used by Capital Workforce Partners and related service provider agencies in written correspondence, print collateral and web based communications (ex: Annual Report, website, displays at events, informational brochures, or other public settings).

I also give my permission to Capital Workforce Partners 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.

If I have participated in the production of a video, I also acknowledge that this video may be posted on You Tube on the Capital Workforce Partners Channel or shared through other various media venues.

Participant Name	Participant Signature	Date
Parent/Guardian Name (if participant is under 18)	Parent/Guardian Signature (if participant is under 18)	Date

Please return this release and consent form to: Summer Gomes

Email: sgomes@capitalworkforce.org

Fax: (860) 722-2485
Mail: Capital Workforce Partners, 1 Union Place, Hartford, CT 06103

Revised 6/25/20

2020 Summer Youth Employment and Learning Program (SYELP)
Minor Participant Consent to Participate in Work and/or Project-Based Activities
(For Minor Participants Only)

In light of the coronavirus **(COVID-19)** outbreak, Capital Workforce Partners is requiring that parents/legal guardians of minor participants provide consent for minor to participate in SYELP work and/or learning activities.

This form must be completed and signed by the parent/legal guardian of the minor named below and returned to the SYELP organization employing the youth this summer.

I, the undersigned parent/legal guardian, give my consent for _____ to participate in the SYELP activities that I have checked-off below.
Participant First and Last Name

Check all that apply:

- ☐ Participate in remote SYELP activities from home (distance learning, distance work or other distance participation) via electronic device such as laptop, PC, Chromebook.
- ☐ Attend in-person SYELP activities such as project-based classroom work at a SYELP provider location.

Participate in work experience at the following types of employer locations (check all that apply):

- ☐ Office
- ☐ Retail
- ☐ Food service
- ☐ Outdoor services (e.g., maintaining parks, working on farms)
- ☐ Child care or summer camps
- ☐ Hair/nail salons
- ☐ Manufacturing
- ☐ Medical/nursing facilities
- ☐ Any of the above

Parent/Guardian Printed Name	Parent/Guardian Signature	Date

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