

# **2020 Summer Youth Employment and Learning Program**

## **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 or worksite 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 worksite supervisor's name is: \_\_\_\_\_

Worksite supervisor's phone number: \_\_\_\_\_

Your program supervisor's name is: \_\_\_\_\_

Program supervisor's phone number: \_\_\_\_\_

Be prepared and have available the name and telephone number of your worksite supervisor and 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 actual work experience. Worksite assignments may be at a private employer or non-profit organization. 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

#### Accidents

If you are injured on the job, notify your site supervisor and program supervisor at once. See proper medical attention immediately and an incident report must be completed within **24 hours**. *Call or text 911 if needed.*

#### Problems

If a problem arises at the worksite, 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 your worksite supervisor (if applicable) and 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.

### **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 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.

Lunch breaks must be unpaid; therefore, participants are required to sign out at the start of each lunch break and sign in at the end of the lunch break. A lunch break is required for shifts of seven and one-half (7.5) consecutive hours or more. A lunch break must be at least 30 minutes and shall be given some time after the first two hours and before the last two hours.

### **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 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.

**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.

**Zero Tolerance for Workplace Violence:** I understand that the following behavior will result in 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.

\_\_\_\_\_  
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.

## 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 (Participant Name) who is (Participant Age) years old, as of today, has my consent to participate in the 2020 Summer Youth Employment Program.

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 the transportation of my child between program and/or worksites for purposes of participating in SYELP.
- 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.
- In the event of a medical emergency involving my child, I authorize the emergency transportation of my child to the appropriate emergency medical facility.

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](mailto:sgomes@capitalworkforce.org)

Fax: (860) 722-2485



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 or project-based learning activities at the following types of 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/barber shops
Manufacturing
Medical/nursing facilities
Any of the above

Parent/Guardian Printed Name Parent/Guardian Signature Date