**2021 Summer Youth Employment and Learning Program**

**Participant Handbook**

**Summer Youth Employment and Learning Program**

**Participant Handbook 2021**

**Introduction**

Welcome to the Summer Youth Employment and Learning Program, (SYELP) which provides employment and training for youth in the community. As a participant in this program, you will gain social and work readiness skills, but most of all, you will gain experience that can be used as you enter the world of work. 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 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 program. 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

(Print clearly)

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

You will not be allowed to participate in the program until these forms are completed.

* Acknowledgement of Receipt – You keep a copy
* Participant Code of Conduct – You keep a copy
* Emergency Contact Form
* Your Completed SYELP Application, including:
  + 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 his/her file.*

**Summer Youth Employment and Learning Program**

**Participant Handbook**

**Employer / Worksite Contact Information**

My worksite supervisor’s name is:

His/her telephone number is:

My program supervisor’s name is: \_\_

His/her telephone number is: \_\_\_\_\_\_\_\_\_\_\_

My Work Schedule is:

**Program Supervisors Contact Information**

Your program supervisor’s name is:

Program supervisor’s phone number:

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.

*This page will be filled out when your internship placement is assigned.*

**Summer Youth Employment and Learning Program**

**Participant Handbook**

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**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 Greater Summer Youth Employment and Learning Program provides an opportunity to gain valuable employment related knowledge and skills through an orientation, classroom work and actual work experience. Worksite assignments may be at a private employer or may be project-based where you will work with a group of participants providing a service to the community. The goals and objectives 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 into school by showing you how school completion leads to success in the workplace. The program lasts from July 1st until August 27th 2021.

**Important Information Related to Participation**

**Accidents**If you are injured on the job, notify your site supervisor and program supervisor at once. Proper medical attention must be sought immediately, and an incident report must be completed within **24 hours**.

## Problems

If a problem arises at the worksite, you should 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 must 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. Also, if you commit a serious violation of the rules and/or code of conduct, you may be expelled 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**

## 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 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.

**Summer Youth Employment and Learning Program**

**Participant Code of Conduct**

This 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. 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 internship.

**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, crop or belly shirts or low-cut tops; and headgear such as bandanas or do-rags. Some worksites may have additional clothing prohibitions or requirements.

**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 daily 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, including 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

***A copy of this page is provided to the participant and a copy is placed in his/her file.***

**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:

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 SYELP 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

(Print clearly)

|  |  |  |
| --- | --- | --- |
| Parent/Guardian Name | Parent/Guardian Signature | Date |

**2021 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 2021 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

1. If the answer to 2 or 3 above is yes, will your child bring an epinephrine auto-injector (e.g., EpiPen)? Yes No
2. Does your child take medications daily that he/she will have to take during program hours? Yes No
3. If yes, which medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. 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.

Participant Name Participant Signature Date

(Print clearly)

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

**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

**2021 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)

Childcare or summer camps

Hair/nail salons

Manufacturing

Medical/nursing facilities

Any of the above

Participant Name Participant Signature Date

(Print clearly)

|  |  |  |
| --- | --- | --- |
| Parent/Guardian Name | Parent/Guardian Signature | Date |