



# **2022 Summer Youth Employment Program Participant Handbook**

**Program Provider:** \_\_\_\_\_

## Introduction

Welcome to the Capital Workforce Partners Summer Youth Employment Program. This program provides employment and training for youth in the community. As a participant in the Summer Youth Employment 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 Summer Youth Employment Program Participant Handbook, including the Code of Conduct and rights and benefits due to me as a participant. I acknowledge that I have been advised that it contains important information about participating in the Summer Youth Employment Program 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  
(Print clearly)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name  
(if participant is under 18)

\_\_\_\_\_  
Parent/Guardian Signature  
(if participant is under 18)

\_\_\_\_\_  
Date

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

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

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

**Program Provider:** \_\_\_\_\_

**Program Address:** \_\_\_\_\_

**Program Supervisor Contact Information**

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

Phone number: \_\_\_\_\_ Cell  Desk

Email address: \_\_\_\_\_

**Employer / Worksite Contact Information**

My worksite is: \_\_\_\_\_

My worksite supervisor's name is: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell  Desk

Email address: \_\_\_\_\_

My Work Schedule is: \_\_\_\_\_

Keep this page so that you have the name, telephone number and email address of your worksite supervisor and program supervisor. Ask them how they want you to contact them: with a phone call, or a text, or an email. You are responsible for notifying them any time you will be late, absent, and when you need to discuss any concerns.

*This page will be filled out when you are assigned to your internship placement.*

## **Purpose of this Handbook**

The Participant Handbook provides important program information and explains your responsibilities as a participant in the Summer Youth Employment Program.

## **Program Overview**

The Summer Youth Employment 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 such as a store or business office or may be an assignment to a project where you will work with a group of participants providing a service to the community. The goals of the program 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 school by showing you how school completion leads to success in the workplace.

## **Important Information Related to Participation Rules, Expectations and Procedures**

### **Accidents**

If are involved in an accident at work, notify your worksite supervisor and program supervisor at once. If you are injured, seek proper medical attention immediately. You must complete an incident report with assistance from your program supervisor within **24 hours** of the accident.

### **Problems**

If a problem arises at the worksite, you should discuss it with your worksite supervisor. If your worksite supervisor cannot resolve the problem, contact your program supervisor to explain the problem and request assistance.

### **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). This will insure proper processing of your last paycheck. You may be terminated from the program if commit a serious violation of the rules and/or code of conduct. The rules and code of conduct are contained in this handbook.

### **Complaint Procedure**

Capital Workforce Partners (CWP) and its program providers assure that participants and staff employed under the Summer Youth Employment Program shall not be discriminated against on the grounds of gender, gender identity or expression, race, creed, color, handicap, national origin, sex, political affiliation, sexual orientation, or beliefs. CWP does not tolerate any type of sexual harassment. If you feel that you have been discriminated against or sexually harassed contact your program agency. You may contact CWP directly at the following address:

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

## **Political Activities**

Federal law prohibits Summer Youth Employment 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 the program provider and Capital Workforce Partners, and by the state and local 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 safe and meaningful work experience. You may be selected to be interviewed by a monitor; if so, you are expected to cooperate fully in this monitoring process.

## **Time and Attendance Policies**

### **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 and work.

### **Time Sheet**

Your actual hours of work and training attendance each day must be recorded on your personal time sheet. Your time sheet must show the hours you spend in the program, in learning and work activities, with the time that you start and stop work each day. If you have a lunch break, you must sign out and then sign in when you return to work.

### **Payment**

You will be paid only the time that you actually attend work and learning activities. You will not be paid based on your schedule, and you will not be paid for a full day if you arrive late or leave early.

### **Evaluation**

You will receive an evaluation evaluated from your supervisor at the end of the program to give you feedback on your performance. You will be evaluated on the following competencies: 1) interpersonal skills (teamwork and collaboration); 2) communication; 3) critical thinking and problem-solving; 4) general professional skills; 5) time and self-management; 6) customer service; 7) adaptability and continuous learning. A copy of the evaluation form is included at the end of this handbook.

## Code of Conduct

This program offers you the opportunity to gain employment skills. You are expected to behave appropriately at all times. You must 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 in my overall employment performance. I understand that I am expected to be at the program and at my worksite on time each day that I am scheduled, 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 Termination:** 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 others based on race, socioeconomic differences, disabilities, religion, sexual orientation, or gender identity

I acknowledge receipt of this Code of Conduct, and understand and fully agree to abide by these rules during any activity sponsored by Capital Workforce Partners.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

***A copy of this page is provided to the participant and a copy is placed in his/her file. If the participant is a minor, a copy is sent to the parent or guardian.***

**Program Provider:** \_\_\_\_\_

**Emergency Contact Form**

Participant Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Alternative Daytime Telephone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Alternative Daytime Telephone Number: \_\_\_\_\_

I understand that the Summer Youth Employment Program provider staff or the worksite supervisor will contact one of the above participant emergency contacts in the event of a medical or disciplinary emergency.

\_\_\_\_\_  
Participant Name  
(Print clearly)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Summer Employer Competency Evaluation

**Directions:** The Employer Competency Evaluation should be completed **once** at the end of the worksite placement. There are 4 possible ratings, from “unsatisfactory” to “exceeds expectations.” Complete the intern information section, then rate each **individual objective** by circling the appropriate rating number box. Total the overall rating, indicate the final worksite opinion and enter any additional comments. Sign and date the evaluation, then return to the community-based organization.

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### Intern Information

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Worksite Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Provider: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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### Ratings

- (1) = Unsatisfactory** – Demonstrates little to no knowledge of the skill, objective or behavior indicated. Performance in this area is not adequate for this position.
  - (2) = Needs Improvement** – Beginning to display knowledge of the skill, objective, or behavior indicated but only partially meets performance standards in this area for a person in this position.
  - (3) = Meets Expectations** – Consistently displays the skill, objective, or behavior indicated and regularly meets job requirements in this area.
  - (4) = Exceeds Expectations** – Regularly performs to the highest standard in this skill, objective, or behavior indicated.
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Interpersonal (Collaboration and Teamwork)					
Competencies	Rating				Comments
Intern can be enthusiastic and cultivate positive, collaborative relationships.	1	2	3	4	
Intern values the viewpoints and insights of others.	1	2	3	4	
Intern can adjust in order to perform required tasks.	1	2	3	4	
Intern can be self-controlled/manage emotions.	1	2	3	4	
Intern is courteous and respectful.	1	2	3	4	

Communication					
Competencies	Rating				Comments
Intern is able to express feelings and thoughts through writing and speaking.	1	2	3	4	
Intern is able to listen and participate in conversation making eye contact.	1	2	3	4	
Intern can build on the ideas of others.	1	2	3	4	
Intern is cognizant of voice inflection, mood, and non-verbal cues.	1	2	3	4	

Critical Thinking and Problem Solving					
Competencies	Rating				Comments
When presented with a work-related problem or challenge, intern can utilize strategies to overcome it.	1	2	3	4	
Intern is able to ask questions effectively.	1	2	3	4	
Intern is able to think creatively.	1	2	3	4	
Intern is able to be resourceful.	1	2	3	4	

General Professional					
Competencies	Rating				Comments
Intern understands meaning of "can do" attitude and being a self-starter.	1	2	3	4	
Intern is punctual, has good attendance, and demonstrates dependability.	1	2	3	4	
Intern understands what it means to maintain a clean/neat appearance and can follow a dress code if/as necessary.	1	2	3	4	
Intern can manage appropriate use of a smart phone.	1	2	3	4	

**Time and Self-Management**

Competencies	Rating				Comments
Intern can prioritize tasks.	1	2	3	4	
Intern can work on multiple projects simultaneously.	1	2	3	4	
Intern can use time efficiently.	1	2	3	4	
Intern can meet deadlines.	1	2	3	4	

**Customer Service**

Competencies	Rating				Comments
Intern is able to provide accurate and timely information.	1	2	3	4	
Intern is able to deliver services.	1	2	3	4	
Intern is able to engage customers.	1	2	3	4	

**Adaptability and Continuous Learning**

Competencies	Rating				Comments
Intern is able to embrace work-related change and is open to new ideas.	1	2	3	4	
Intern can accept and learn from constructive criticism and is open to personal and professional growth.	1	2	3	4	

<b>Would you hire this intern again?</b>	Yes	No	
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Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_