



SULLIVAN RENAISSANCE 2017 YOUTH DEVELOPMENT PROGRAM INSTRUCTIONS

Sullivan Renaissance is a beautification and community development program committed to building beautiful, healthy and active communities. Each year, in partnership with the Sullivan County Center for Workforce Development, Sullivan Renaissance hires several part-time seasonal **Project Assistants** to work with community volunteers on Renaissance projects. Formerly called "Interns", the **Project Assistants** also participate in a series of leadership development meetings and adopt a Day of Service Project.

PROGRAM DESCRIPTION

- **Project Support:** The primary role of a Sullivan Renaissance Project Assistant is to help with the care and maintenance of gardens and other beautification elements of community projects. Tasks include planting, watering, mulching, fertilizing, weeding, dead-heading of plants and other related activities. **Project Assistants** may also be asked to help with administrative or organizational responsibilities such as clerical support or fundraising activities.
- **Youth Development: Project Assistants** are paid for attending a series of meetings which are an essential part of the program. The schedule of sessions will be available at the time of interviews.
- **The Day of Service** is a required volunteer component that is planned by the **Project Assistants**.

To apply, complete the attached application and return it to Sullivan Renaissance by **March 13, 2017**.

ELIGIBILITY AND RESPONSIBILITY

The Youth Development Program is a competitive program that requires a strong commitment. **Preference will be given to applicants for whom this will be their only summer job.** To be eligible you must be between the ages of 16 – 20 years old **at the time of application.** If you are under the age of 18 you are required to have working papers. Mandatory orientation will be held on **May 17, 2017.** You will need your working papers (if applicable), social security card and photo ID at the time of orientation. You must attend orientation in order to be enrolled in the program and paid for your hours. Starting salary for the position is \$10.50 per hour.

YOUTH DEVELOPMENT COMPONENT

The Youth Development Program brings **Project Assistants** together for discussions on a variety of topics presented by professionals, community leaders and volunteers from diverse backgrounds. You will acquire skills in public speaking, work readiness and project management. As a group, **Project Assistants** will choose and complete a volunteer community service project.

For more information about the Youth Development Program, contact:

Denise Frangipane, Executive Director
Phone: (845)295-2445 or Email: dfrangipane@sullivanrenaissance.org



SULLIVAN RENAISSANCE
2017 YOUTH DEVELOPMENT PROGRAM APPLICATION

**CENTER FOR WORKFORCE DEVELOPMENT
APPLICATION FOR YOUTH SERVICES**

Name _____

Address _____

Phone _____ E-mail _____

Please tell us which Sullivan Renaissance group or project you are interested in working with:

1. _____
Project _____ **Town** _____
2. _____
Project _____ **Town** _____

Please explain why you are interested in being a Sullivan Renaissance Project Assistant.

Please PRINT clearly and complete all information that applies to you.

When can you begin working? _____

Are you available for work **May 17 through August 31, 2017?** Yes No

If no, please explain _____

What hours of the day are you are available to work? _____

Do you know of any times between May 17 and August 31 that you are unable to work? Yes No

Please explain _____

***If hired, you are required to attend orientation as well as to attend the Youth Development sessions.
Schedule to be provided at time of interview.***

Will you be working any other jobs during this summer season? Yes No

If yes, where will you be working and what will be your schedule?

Are you currently between the ages of 16-20? Yes No

Do you have working papers (under age 18)? Yes No I am 18 or over and do not need them
 * ***You must bring them with you to your interview.***

Do you have a driver's permit or driver's license? Yes No

Do you have transportation? Yes No

If YES: own car family/friends will drive me

If NO please explain how you will get to work: _____

EDUCATION

Are you enrolled in school at this time? Yes No

If yes, what school do you attend? _____ Grade: _____

List any additional degrees or certifications you have: _____

If you are attending college please indicate when your spring 2017 semester ends: _____

WORK HISTORY (please include **paid** and/or **volunteer** experiences)

Enter your **most recent** experience **first**.

Position: _____ Supervisor: _____
Where worked: _____ Telephone: _____
Address: _____
Start date: _____ End date: _____ Salary: \$ _____ per _____
Job duties: _____
Reason for leaving: _____

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Have you ever volunteered for a Sullivan Renaissance project? Yes No

Please explain:

REFERENCES

Please give the name and phone number of 2 people who are over the age of 18 and are not family members.

Reference #1: _____ Phone: _____

Reference #2: _____ Phone: _____

Please list other interests and /or strengths that you would like us to know about.

My signature below indicates that I have been informed of and understand the information provided on this application and certify that it is true and correct. I understand the information provided may be subject to verification. I understand that falsification is grounds for termination from the program and may result in action to recover any monies paid while participating in the program. Furthermore, falsification of any information provided on this application is a Federal and State criminal offense and subject to penalty.

As a participant I understand that I must regularly attend, be on time, and maintain satisfactory progress in all training or work experience activities.

I authorize the Center for Workforce Development to obtain information concerning this application. I understand that my identity will be kept confidential to the maximum extent possible.

(Applicant signature)

(Date)

With my signature below, I verify that I am the legal parent or guardian of the applicant on this form, and I hereby give permission for my child to participate in the Youth Internship Program provided through the Gerry Foundation and the Center for Workforce Development.

(Parent/Guardian signature)

(Date)