



2024 YOUTH DEVELOPMENT PROGRAM INTERN APPLICATION

Sullivan 180 is a non-profit organization dedicated to building a healthy community through people, places, and policy; with an intentional focus on prevention and empowering a healthier generation. We are committed to change by degrees; working with partners, schools, and communities through a grassroots and inclusive approach where everyone can participate in turning around the health of our county.

To this end Sullivan 180 offers grants, technical assistance; and a variety of programs and resources to support our mission; and the efforts and initiatives of our community to enhance health outcomes.

Each year, Sullivan 180 hires several part-time seasonal interns to work with community volunteers on Sullivan 180 projects. This paid internship is an excellent opportunity to be part of the movement to change and shape the future of communities throughout Sullivan County.

PROGRAM DESCRIPTION

- **Project Support:** The primary role of a Sullivan 180 Intern is to help with the care of gardens and other beautification elements of community projects. Tasks include planting, watering, mulching, fertilizing, weeding and related activities. Interns may also be asked to help with administrative or organizational activities.
- **Leadership Development:** The leadership component brings interns together for discussions on a variety of topics presented by professionals, community leaders and volunteers from diverse backgrounds. It is an opportunity to acquire knowledge about community-related issues as well as to develop skills in public speaking, work readiness and project management. Interns are paid to attend these meetings, which are a requirement of the position. The 2024 meetings are tentatively scheduled for Wednesdays from 2:00-4:30 pm (June 26 through August 7).
- A **Day of Service** is a required volunteer component for the interns. The 2024 Day of Service is tentatively scheduled for Monday, August 5.
- **Starting salary** for the position is \$16.25 per hour.

ELIGIBILITY AND RESPONSIBILITY

The Internship and Youth Development Program is a competitive opportunity that demands a strong commitment. **Preference will be given to applicants for whom this will be their only summer job.** To be eligible applicants must be a resident of Sullivan County between the ages of 16 - 20 years old at the time of application.

Eligible applicants are responsible, hardworking, self-motivated, enthusiastic, flexible, and cooperative. A complete description of intern responsibilities and important guidelines for achieving a beneficial internship experience are included in the **Intern Handbook**.

Interviews will take place the week of **April 29, 2024**. If offered an internship, hiring is dependent on candidate attending orientation on **May 15, 2024** and mandatory trainings on **May 29 and 30, 2024**. Original working papers (for those under 18 years of age), social security card and photo ID are required for hiring.

Internships typically run from late May through September 1, 2024. The total number of hours is determined based on the scope of the community project. In certain situations, interns may have an opportunity to extend their position through September dependent upon the project, Intern availability, resources and the supervisor's capacity.

For more information, contact Anne-Louise Scandariato, Director of Community Engagement at (845) 295-2680 or email anne-louise@sullivan180.org

Submit Intern application to grants@sullivan180.org by **March 25, 2024**.



**2024 YOUTH DEVELOPMENT PROGRAM
INTERN APPLICATION**

Name: _____

Address: _____ Town: _____ State: _____ Zip Code: _____

E-mail: _____

Cell Phone: _____ Home Phone: _____

Please tell us which Sullivan 180 group or project you are interested in working with:

Project _____ Town _____

Project _____ Town _____

Are you available for work **May 30, 2024 through September 1, 2024**? 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 30 and September 1** that you are unable to work? Yes No

Please explain: _____

Would you be interested in extending your work schedule **through September 30, 2024**? Yes No

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

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: _____

Have you ever volunteered for a Sullivan 180 or Sullivan Renaissance project? Yes No

If yes, where, when and how: _____

Please identify your preferred t-shirt fit: **Unisex Fit** or **Women's Fit**

Please indicate your **Adult T-shirt Size**: S M L XL XXL

EDUCATION

Are you enrolled in school at this time? Yes No

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

List any additional degrees or certifications you have: _____

If you are attending college, please indicate when your spring 2024 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: _____

Position: _____ Supervisor: _____

Where worked: _____ Telephone: _____

Address: _____

Start date: _____ End date: _____ Salary: \$ _____ per _____

Job duties: _____

Reason for leaving: _____

Do you have any gardening and/or landscaping experience? Yes No

If yes, please explain: _____

List and describe any clubs/organizations and activities in which you participate as well as any leadership or volunteering experiences (use a separate piece of paper if needed):

References:

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

Reference #1: _____ Phone: _____

Reference #2: _____ Phone: _____

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 grounds 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 Sullivan 180 to obtain information concerning this application. I understand that my identity will be kept confidential to the maximum extent possible.

APPLICANT SIGNATURE PRINT NAME 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.

PARENT/GUARDIAN SIGNATURE PRINT NAME DATE

Submit Intern application to grants@sullivan180.org by March 25, 2024.