

2024

Dear Prospective Summer Youth Work Experience Program Participant:

The Greater Raritan Workforce Development Board (GRWDB) successfully implemented the Summer Youth Employment Program initiative in Hunterdon and Somerset counties, with funding from the New Jersey Department of Labor, during the summer seasons in 2020, and has coordinated the program for the past four years. While the state has changed the program name this year to the Summer Youth Work Experience Program, introducing youth to career pathway opportunities remains a priority for the NJDOL. In the past four years, 165 youth were able to get work experience with 78 employers. As we get ready for a new summer season, the GRWDB is pleased to announce that it has successfully applied for continued funding for 2024.

The 2024 Greater Raritan Summer Youth Work Experience Program (SYWEP) will provide up to 90 in-school and out-of-school youth, ages 16-24, with summer work experiences in Hunterdon and Somerset counties to help them successfully transition to the world of work. Today, we invite you to participate in this initiative by filling out the attached application and intake assessment form.

The 2024 Greater Raritan SYWEP will include on-site opportunities in positions with employers adhering to CDC work safety guidelines. The program provides a 200-hour work experience which pays \$16.00 an hour for a total of a \$3,200 tax-free stipend. The employer will receive funding to reimburse the youth participant for on-site work and workforce readiness training which will include an online training provided by SkillUp Greater Raritan learning portal. Participants also must attend an orientation and a follow-up in-person career skills presentation. Stipends will be paid at the end of the program when the participant completes the 200 program hours, unless the employer elects to pay participants as they work. Target enrollment is 75 students from Somerset County and 15 students from Hunterdon County.

The 2024 Greater Raritan SYWEP aims to provide youth participants exposure to different careers and an opportunity to gain hands on work experience, earn a paycheck, prepare for a future career, interact with employers, learn about community resources, and receive supportive services. The model is designed to be an experience that expands participants' horizons via in-person work, virtual learning, linkages to lifelong career-workplace skills, and opportunities for college and career pathways development.

Youth program participants can work on tasks including (but not limited to): administrative tasks, data entry, mailings, mailing lists, marketing, file management, data base entry (updating and adding to file), research, digital platform content management, newsletters, audio, podcasts, PowerPoint presentations, assist with special events, camp programs, pools, rec programs, parks, and more. Youth participants are supported by the SYWEP Coordinator, who will recruit, interview, and refer the participants to an organization, and interact with the employer and youth participants.

The attached application is due by Friday, May 3, 2024. If you have any questions, please don't hesitate to reach out to me at 908-541-5785 or jcassano@co.somerset.nj.us.

Sincerely,



Jeanne Cassano, Contract Compliance and Engagement Specialist

GREATER RARITAN WORKFORCE DEVELOPMENT BOARD
27 WARREN ST, SOMERVILLE, NJ 08876
(908) 541-5785 WWW.THEGRWDB.COM

**Greater Raritan Workforce Development Board Summer Youth Work
Experience Program INTAKE APPLICATION**

Email completed forms to jcassano@co.somerset.nj.us by FRIDAY, MAY 3, 2024

Date: _____

How did you hear about our Summer Youth Work Experience Program? Social Media ___
Newspaper _____ Radio__ TV__ Friend_____ PSS Counselor ___ Other
(specify) _____

LAST NAME: _____ FIRST NAME: _____

SOCIAL SECURITY #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

APPLICANT PERSONAL EMAIL: _____

AGE: _____ BIRTH DATE: _____ MALE _____ FEMALE _____

PARENT NAME & CONTACT INFO: _____

ARE YOU ATTENDING COMMUNITY OR 4-YEAR COLLEGE? YES _____ NO _____

NAME OF INSTITUTION: _____ GRADE AS OF 9/1/24: _____

YOUR AREA OF STUDY: _____

ARE YOU STILL ATTENDING HIGH SCHOOL? YES _____ NO _____

NAME OF HIGH SCHOOL: _____ GRADE AS OF 9/1/24: _____

IF NO, WHAT IS THE HIGHEST GRADE YOU COMPLETED? _____

SKILLS/TALENTS: _____

WERE YOU EMPLOYED IN THE LAST YEAR? YES _____ NO _____ IF YES PLEASE LIST THE EMPLOYER AND DATES OF EMPLOYMENT: _____

I have completed the New Jersey Intake and Initial Assessment Form on the next two attached pages to the best of my ability, and provided a copy of my New Jersey Driver's License or other official documentation of age? YES _____

No application will be considered without including these completed items:

- 1) Signed application.***
- 2) Completed New Jersey Intake and Initial Assessment Form.***
- 3) Copy of documentation of age. Must be 16 (by June 1, 2024) through 24.***

I have read and understand the program rules and regulations and am committing to full participation in all aspects of the Greater Raritan Summer Youth Work Experience Program. I attest that the information provided on all forms is true and accurate, and any misrepresentation may be grounds for termination from the program. I am also aware that eligibility is subject to review and understand that being determined eligible does not guarantee program participation.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE NOTE: A program participant 16 and 17 years old, the caregiver and their prospective employer must complete New Jersey's online Working Papers process prior to starting the work experience. For details on how the process work and how to create an account, go to [Get NJ Working Papers Online](#).

To be signed by Greater Raritan Workforce Development Board staff:

Interview Completed: _____ Date: _____

Greater Raritan Summer Youth Work Experience Program (SYWEP)

CORE VALUES/EXPECTATIONS FOR THE SYEP:

Working Location Expectations: The Greater Raritan Workforce Development Board's Summer Youth Work Experience Program (SYWEP) is for youth residents of Hunterdon and Somerset Counties who will work in locations in the two counties. Participants must be between 16 and 24 years old and can be in or out of school. The SYWEP experience will provide participants with career pathway knowledge and career-readiness training in a variety of areas. Each SYWEP youth participant will be responsible for 200 hours of on-site work experience and workforce readiness training during the summer break. Of that total, 20 hours will be spent on workforce readiness training e-learning portals coordinated by Greater Raritan Workforce Development Board staff members and an orientation and follow-up career skills discussion. Greater Raritan SYWEP participants will adhere to their on-site assigned daily hours, while working independently on the on-line job readiness training portal. Participants will act professionally, staying focused on their work tasks and will be accessible to their supervisor during the assigned daily hours.

Respect and Value Others: Every person has value, worth, and potential and deserves to be treated with respect. This means that when someone else is talking during a virtual meeting or workshop, or you are in an on-site, in-person meeting, you are listening. Keep focused on the discussion; do not engage in any other activities, like looking at your phone. A positive attitude is expected. Always show respect to your supervisor, staff, peers, equipment, property, and guests.

Build Trust, Be Honest: Being honest helps build trust and confidence in one another. Accepting constructive criticism from others, including supervisors, is key to growth, so be honest with others as well as with yourself.

Be Accountable: Take responsibility for *all* your actions and choices.

Embrace Diversity: Everyone has the right to equal educational and economic opportunity. Accepting each other's differences will allow you to have positive work experiences and constructive conversations during meetings with other program participants. Diverse and culturally aware groups increase the value of workplace settings by generating innovative, creative, effective, and inclusive thinking and action.

Strive to Learn and Have Fun: The potential of young adults is unlimited: the right skills, experience, and guidance will lead to careers and higher education. Full participation is expected in all aspects of the Greater Raritan SYWEP.

Work Experience Attendance: Attendance is mandatory to completing the program. This program is for you, the participant, so you will:

- Adhere to your work schedule during your 200-hour work experience. Signing up for the program obligates you to these hourly parameters. Placements will be based on career interests where possible. You must complete 180 hours on the job, 16 hours of online training and four hours of an orientation and follow-up presentation during the grant timeline between May 15 and Oct 11, 2024. You will keep a timesheet, submitted weekly/biweekly to the employer and the Program Coordinator who will monitor your progress and assist as needed.
- Complete the orientation, attend an in-person follow-up presentation and complete 16 hours of online workforce readiness training using the SkillUp Greater Raritan e-learning portal. Failure to complete your training assignments may result in docked pay from your stipend.

- In the event of illness or other appointment, you are required to contact your supervisor in advance to inform them of your absence. Schedule all appointments around your work experience and training schedules. If you fail to miss scheduled work time without notice, you may be docked pay from your stipend.

Community Expectations: You are representing the Greater Raritan SYWEP when you are working with the employer and attending the training sessions. Show respect, be polite, always be respectful, and maintain a positive attitude in your job.

SYWEP Youth Participants Policy and Procedures

- ***For an applicant to be considered for a work experience in the GRWDB program, the packet submission must include:***
 - ***Completed GRWDB SYWEP Intake Application***
 - ***Completed AOSOS Intake Assessment Form***
 - ***Copy of New Jersey Driver's License or other official documentation of age***
- Applicants must be 16 by June 1, 2024, and be between 16 and 24, in school or out of school.
- Applicants must be able to participate in the program's 200-hour requirement, including on-site work, online career readiness training and orientation and in-person discussions.
- Youth program participants will work on site at the host employer's address for 180 program hours. Should the participant need to take excused time off one week, the participant is responsible for making up the hours not worked the next week.
- Participants will attend an orientation at the start of the program, as well as a follow-up in-person career skills presentation conducted during their work experience.
- Participants will work independently for a total of 16 hours on the SkillUp online learning portal, and will complete courses, take the tests, and send the completed badge certificates to the Program Coordinator as courses are finished.
- Participants will keep the Program Coordinator informed of their status and alerted of any issues.
- Participants will follow the employers' Employee Manual.
- Participants will provide a completed end of program evaluation survey.

PLEASE NOTE: A program participant 16 and 17 years old, the caregiver and their prospective employer must complete New Jersey's online Working Papers process prior to starting the work experience. For details on how the process works and how to create an account, go to [Get NJ Working Papers Online](#).

NEW JERSEY INTAKE AND INITIAL ASSESSMENT FORM A proud partner of the AmericanJobCenter® network **Today's Date:** _____/_____/_____

UNDERLINED SECTIONS MUST BE COMPLETED. PLEASE COMPLETE ADDITIONAL FORMS IF INDICATED..

SSN#: _____ - _____ - _____ **DOB:** _____ / _____ / _____ MM/DD/YYYY **Gender:** Female Male

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Street: _____ **City:** _____ **State:** _____ **Zip Code:** _____ **County:** _____

Phone #: () _____ **Email:** _____ **Contact Preference:** Postal E-mail
 Alt. Phone # () _____ Primary Phone Alt. Phone

Ethnic Heritage: Hispanic or Latino Not Hispanic or Latino
 I choose not to disclose **Race:** Alaskan/American Indian
 Asian Black/African American White
 Hawaiian/Pacific Islander I choose not to disclose

Marital and Family Status (choose all that apply)
 married divorced unmarried
Household: one-parent two-parent
 not a family member(single) other (dependent, child)
 optional: pregnant

School Status:
 In-school: HS/secondary or Less alternative HS/Post-secondary
 not attending school: HS dropout HS grad/equivalent
 16 or younger and have not attended last school year quarter

Employment Status (choose one)
 employed not employed
 employed-received notice of termination
 not employed and not seeking work

Education Level (Choose highest only):
 no grade _____ Yrs completed, (1-11) no diploma
 12th grade, no diploma HS equivalency 12th grade, HS grad
 disabled w/ Cert. IEP
Post-secondary/Vocational/Associate High School Plus:
 Post-secondary no degree: 1 year 2 years 3 years
 Vocational Certificate: 1 year 2 years 3 years
 Associate Degree: 1 year 2 years 3 years
 Other Degree: BA/BS Master's PhD

If employed are you working (choose one)
 full-time part-time
 seasonal/temporary self-employed
 If not employed and homemaker:
 Receiving support from spouse/former spouse
 Not receiving support from spouse/former spouse

US Citizen:
 Yes No Permanent Resident or Exp.Date: _____
 Alien Reg.# (if applicable): _____

Individual with Disability: Yes No Choose not to disclose [If Yes, please ask staff for Form D, which is kept confidential, and provide the following information: type of disability: hearing; vision; mental; mobility; cognitive/I/DD; learning; chronic health]

Migrant Seasonal Farmworker:
 Yes No If Yes choose one: migrant seasonal farmworker migrant farmworker migrant food process worker
 dependent of migrant seasonal farmworker **Farmwork Type:** production and services food processing

Selective Service (Males born on or after 1/1/1960 only)
 Yes No
 Selective Service #: _____

Native Language: English other specify: _____
Military Service: No Yes branch: _____
 If Yes, use DVOP Checklist

Housing: (choose one)
 aged out of foster care foster child
 homeless runaway
 own home rent
 choose not to disclose
 none of the above apply

campaign veteran national guard reserve active duty
 transitioning vet discharge retirement other eligible
 active service From: _____ to : _____
Service Disability:
 disabled not disabled special disabled
 Receiving Veteran's benefits or assistance? No Yes
 If Yes, specify: _____

Offender Status - Have you been convicted of criminal offense? Yes No

Military Spouse - Are you:
 active duty service member spouse service member widow
 disabled veteran spouse

Do you feel you have any barriers to employment, including customs, practices or beliefs, not described on this form, which you wish to disclose? Yes No
 If Yes, please provide this information on Form D

If active duty spouse, has your income been affected by spouse's deployment? Yes No

1. Do you, a friend, or any member of the family have a history of opioid use? Yes No
2. Did you become unemployed or underemployed as a result of COVID-19? Yes No

Employment Preferences**Work Week:** full-time part-time both not seeking employment at this time**Duration:** regular (150 Days+) temporary (150 Days or Less) both**Minimum Salary:** \$ _____ Per _____ **Date Available to Work:** _____ / _____**Shift Preference:** Willing to work any shift? Yes No If No, which shift(s): 1st 2nd 3rd Split Rotating**Employment Objective:** _____ **Desired Job Title(s):** 1) _____

2) _____ 3) _____ 4) _____ 5) _____

Desired Employer(s): 1) _____ 2) _____ 3) _____**Acceptable Job Locations** (check one): 5 10 25 50 100 miles from Zip Code _____**Work History (Current/Last Employer):** job title: _____ employer: _____

street: _____ city: _____ state: _____

start date: _____ / _____ / _____ end date: _____ / _____ / _____ wage: \$ _____ per _____

reason for leaving: lack of work/layoff fired medical/health quit retired still employed strike
 other (specify) _____

job duties: _____

_____ If you wish to provide additional work history, inform staff person.

Additional Skills: _____**Professional Associations:** _____**Certificate/Special Licenses****Certificate/License:** _____ issued by: _____

issued date: _____ / _____ / _____ state: _____ country: _____

education-course of study: _____ degree: _____ school: _____ state: _____ country: _____**Driver's License****License:** No Yes State: _____**Type:** CDL-A CDL-B CDL-C Auto Moped**Transportation** I own a vehicle I have insurance I have access to: vehicle motorcycle bus/ rail none other**Endorsements:** passenger transport motorcycle hazardous materials tank vehicle school bus doubles/triples tank hazards air brakes*I attest that the information provided is true and accurate any misrepresentation may be grounds for termination from program(s). I further understand that being determined eligible for services and/or training does not necessarily entitle me to service/training*

Applicant Signature _____ Date _____ Parent/Guardian* _____ Date _____

Staff Signature _____ Date _____ Reviewed/Verified By _____ Date _____ *<18 only

Staff use only: WIOA Adult WIOA Dislocated Worker
 WDP Grant (Specify: _____)
 National Dislocated Worker Grant TANF
 SNAP
 GA
 CAVPAssistance start date: _____
Case #: _____**Income Status:** 100% LLSIL 70% LLSIL Not Disclosed Local Priority (Specify): _____**Barriers to Employment:** Youth In/Aged out of Foster Care Indian/Alaska native/Native Hawaiian Within 2yrs of TANF exhaustion ELL/Lower Level Literacy Substantial Cultural Barriers Low-Income Individual Displaced Homemaker Disability Homeless Individual Long-Term Unemployed Ex-Offender Eligible MSFW Single Parent Older IndividualWDB (County)
Code: _____ WIOA Youth ISY WIOA Youth OSY Low-Income
 High Poverty Area 5% Limitation**Additional Info:** Underemployed Not in Labor Force
 Interested in Nontraditional Employment**AOSOS ID#:** _____**OSY:** Foster Youth Dropout Homeless Not Attended Last Q
 Offender Low Income AND Basic Skills Deficient Pregnant/parenting
 Disability Low Income AND youth who Requires Add'l Assistance**ISY:** Low-Income AND: BSD English Language Learner
 Offender Homeless Foster Youth Pregnant/parenting
 Disability Youth who Requires Add'l Assistance**Referral Source:** DVRS LWD UI Public Assistance Agency CBO/FBO Self Other Local Area CSBG Employer HUD Adult Education Library Probation Parole Public Education Relative/Friend Re-entry/Second Chance Displaced Homemaker Program Family Success Center MSFW Grantee



Summer Youth Work Experience Program Participant Exit Interview

What did you like about the program?

What did you dislike about the program?

If you could make any suggestions for changing the program, what would they be?

Which workforce ready courses were most helpful to you?

Are you planning on attending school/ explore certification programs after leaving the SYWEP?

Are you now employed with the host employer in the program?

*Other
comments:*
