

20 March 2023

Dear Prospective Summer Youth Employment Program participant:

The Greater Raritan Workforce Development Board (GRWDB) successfully implemented a new 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, 2021 and 2022. In the three years, 94 youth worked with 40 employers. As we get ready for a new summer season, the GRWDB is pleased to announce that it has successfully applied for 2023 Summer Youth Employment Program funding.

The 2023 Greater Raritan Summer Youth Employment Program (SYEP) will provide up to 80 in-school and out-of-school youth, ages 16-24, with summer work experiences and internships in Hunterdon and Somerset counties. Today, we invite you to participate in this initiative by filling out the attached application and intake assessment form.

The Greater Raritan SYEP offered this season will include on-site opportunities in positions with employers adhering to CDC work safety guidelines. The SYEP is an eight-week work experience/internship which pays \$15.00 an hour for 21 hours a week on tasks as assigned by the employer. The employer will receive funding to reimburse the intern for a total of 35 hours spent over the 8-week internship on workforce readiness training provided by the GRWDB; this includes 32 hours of work in the SkillUp Greater Raritan online learning portal. Participants also must attend an orientation session and a planned closing program event. Stipends will be paid for 25 hours a week (21 on site and 4 on independent workforce readiness training) by Somerset County through the grant funding from the State to the employer. Target enrollment is 65 students from Somerset County and 15 students from Hunterdon County.

The 2023 Greater Raritan SYEP 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): 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, golf courses, rec programs, parks, historical sites, farmers markets, nurseries, equine centers, and more. The youth participants will be supported by the SYEP Coordinator, who will recruit, interview, and refer the participants to an organization, and interact with the employer and youth participants on an ongoing basis.

Attached please find an application, policies and assessment form for perspective youth participants who would like to be part of this exciting summer program working to prepare our communities youth for the transition to the world of work. Applications are due by Friday, April 28, 2023. If you have any questions, please don't hesitate to reach out to me at 908-541-5785 or [jcassano@co.somerset.nj.us](mailto:jcassano@co.somerset.nj.us).

Sincerely,

Jeanne Cassano, Job Developer



**Greater Raritan Workforce Development Board Summer Youth  
Employment Program INTAKE APPLICATION**

*Email completed forms to [jcassano@co.somerset.nj.us](mailto:jcassano@co.somerset.nj.us) by FRIDAY, APRIL 28, 2023*

Date: \_\_\_\_\_

How did you hear about our Summer Youth Employment 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 \_\_\_\_\_

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

NAME OF INSTITUTION: \_\_\_\_\_ GRADE AS OF 9/1/23: \_\_\_\_\_

YOUR AREA OF STUDY: \_\_\_\_\_

ARE YOU STILL ATTENDING HIGH SCHOOL? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_ GRADE AS OF 9/1/23: \_\_\_\_\_

IF NO, WHAT IS THE HIGHEST GRADE YOU COMPLETED? \_\_\_\_\_

SKILLS/TALENTS: \_\_\_\_\_

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

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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, 2023) 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 Employment 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: \_\_\_\_\_

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To be signed by Greater Raritan Workforce Development Board staff:

Interview Completed: \_\_\_\_\_ Date: \_\_\_\_\_

## Greater Raritan Summer Youth Employment Program (SYEP)

### CORE VALUES/EXPECTATIONS FOR THE SYEP:

**Working Location Expectations:** The Greater Raritan Workforce Development Board's Summer Youth Employment Program (SYEP) 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 SYEP experience will provide participants with career pathway knowledge and career-readiness training in a variety of areas. Each SYEP youth participant will work over an eight-week period for 25 hours per week for a total of 200 program hours. Of that total, 35 hours will be spent on workforce readiness training e-learning portals coordinated by Greater Raritan Workforce Development Board staff members. Greater Raritan SYEP 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 a positive work experience 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 SYEP.

**Work Experience/Internship 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 eight-week internship/work experience for 21 hours a week. If you are unable to complete the 21 on site hours in one week the hours need to be made up the next week. Signing up for the program obligates you to these hourly parameters. Placements will be based on career interests where possible. You must complete 168 hours on the job in 8 weeks' time. Failure to complete 168 hours in the allotted 8 weeks can result in termination from program. You will keep a timesheet, submitted weekly to the employer who will monitor your progress during your time working remotely and will assist as needed.

- Complete a one-hour orientation and end of experience wrap up and 32 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.
- All absences may be counted as unexcused unless there is a note from a physician, a copy of a court order, or proof of death in the family. In the event of illness or other appointment, you are required to contact your supervisor or Program Coordinator in advance to inform them of your absence and provide the appropriate documentation. *Three unexcused absences from program will lead to immediate termination from the SYEP Program.* 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 now representing the Greater Raritan SYEP 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.

### **SYEP Youth Participants Policy and Procedures**

- In order for an applicant to be considered for a work experience / internship, the packet submission must include:
  - Completed Intern 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, 2023, and be between 16 and 24, in school or out of school.
- Applicants must be able to participate in the entire program (8 weeks) and attend all mandatory meetings (Orientation and End of Program Wrap Up).
- Youth program participants will work on site at the host employers address for an average of 21 hours a week for a total of 165 program hours. Should the participant need to take excused time off one week that intern is responsible for making up the hours not worked the next week.
- Participants will attend an orientation at the start of their 8-week program.
- Participants will work independently for a total of 32 hours on SkillUp online learning portals by completing courses, taking the tests, and sending the completed badge certificates to the Program Coordinator each week.
- 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.

# 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 #: ( ) \_\_\_\_\_ Alt. Phone #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Contact Preference:  Postal  E-mail  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  
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

**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

**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  
 campaign veteran  national guard  reserve  active duty  
 transitioning vet  discharge  retirement  other eligible  
 active service From: \_\_\_\_\_ to: \_\_\_\_\_

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

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

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

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):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  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:**

<input type="checkbox"/> WIOA Adult <input type="checkbox"/> WIOA Dislocated Worker <input type="checkbox"/> WDP Grant (Specify: _____) <input type="checkbox"/> National Dislocated Worker Grant	<input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> GA <input type="checkbox"/> CAVP	Assistance start date: _____ Case #: _____	<b>Income Status:</b> <input type="checkbox"/> 100% LLSIL <input type="checkbox"/> 70% LLSIL <input type="checkbox"/> Not Disclosed <input type="checkbox"/> Local Priority (Specify): _____
<b>Barriers to Employment:</b> <input type="checkbox"/> Youth In/Aged out of Foster Care <input type="checkbox"/> Indian/Alaska native/Native Hawaiian <input type="checkbox"/> Within 2yrs of TANF exhaustion	<input type="checkbox"/> ELL/Lower Level Literacy <input type="checkbox"/> Low-Income Individual <input type="checkbox"/> Homeless Individual <input type="checkbox"/> Eligible MSFW	<input type="checkbox"/> Substantial Cultural Barriers <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Long-Term Unemployed <input type="checkbox"/> Single Parent	<input type="checkbox"/> Disability <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Older Individual
<input type="checkbox"/> WIOA Youth ISY <input type="checkbox"/> WIOA Youth OSY <input type="checkbox"/> Low-Income <input type="checkbox"/> High Poverty Area <input type="checkbox"/> 5% Limitation	<b>Additional Info:</b> <input type="checkbox"/> Underemployed <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Interested in Nontraditional Employment		<b>AOSOS ID#:</b> _____

<b>OSY:</b> <input type="checkbox"/> Foster Youth <input type="checkbox"/> Dropout <input type="checkbox"/> Homeless <input type="checkbox"/> Not Attended Last Q <input type="checkbox"/> Offender <input type="checkbox"/> Low Income AND Basic Skills Deficient <input type="checkbox"/> Pregnant/parenting <input type="checkbox"/> Disability <input type="checkbox"/> Low Income AND youth who Requires Add'l Assistance	<b>Referral Source:</b> <input type="checkbox"/> DVRS <input type="checkbox"/> LWD <input type="checkbox"/> UI <input type="checkbox"/> Public Assistance Agency <input type="checkbox"/> CBO/FBO <input type="checkbox"/> Self <input type="checkbox"/> Other Local Area <input type="checkbox"/> CSBG <input type="checkbox"/> Employer <input type="checkbox"/> HUD <input type="checkbox"/> Adult Education <input type="checkbox"/> Library <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Public Education <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Re-entry/Second Chance <input type="checkbox"/> Displaced Homemaker Program <input type="checkbox"/> Family Success Center <input type="checkbox"/> MSFW Grantee
<b>ISY:</b> <input type="checkbox"/> Low-Income AND: <input type="checkbox"/> BSD <input type="checkbox"/> English Language Learner <input type="checkbox"/> Offender <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Youth <input type="checkbox"/> Pregnant/parenting <input type="checkbox"/> Disability <input type="checkbox"/> Youth who Requires Add'l Assistance	



***Summer Youth Employment Program Participant Exit Interview***

*What did you like about the program?*

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*What did you dislike about the program?*

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

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*Which workforce ready courses were most helpful to you?*

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

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*Are you now employed with the host employer from the program?*

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*Other  
comments:*

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