

# Summer Youth Employment Program



## SYEP Worksite Application

### About SYEP

The NYC Summer Youth Employment Program (SYEP) is the nation's largest youth employment program connecting NYC youth with career exploration opportunities and city-funded employment for up to 6 weeks each summer.

### Who Are SYEP Participants?

SYEP participants are highly motivated and talented NYC youth between the ages of 16 and 24 who are interested in pursuing careers in the private, nonprofit, and public sectors. They are selected through a lottery and interviews may be available upon request.

### Reasons To Hire SYEP Participants?



No-Cost, Job Ready Summer Employees



Mentorship Opportunities



Fresh Ideas



Workforce of Tomorrow

### Interested In Hosting NYC Youth This summer?

Visit [nyc.gov/SYEP](http://nyc.gov/SYEP) to fill out the short form with basic information regarding your contact information and recruitment needs.

**NYC**  
Department of  
Youth & Community  
Development

Summer Youth  
Employment Program



[www.nyc.gov/SYEP](http://www.nyc.gov/SYEP) or 1.800.246.4646

### I. General Information

SYEP Provider: \_\_\_\_\_

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

\*Address: \_\_\_\_\_  
 Number & Street City State ZIP Code Borough

Cross Streets: \_\_\_\_\_ Closest Train or Bus: \_\_\_\_\_

\* If there is more than one location for this worksite, additional applications must be completed for each address. Website: \_\_\_\_\_

Sector: (Select One) Private/For-Profit Public/Government Non-Profit Large Non-Profit (Universities or Hospitals)

Industry: (Select One)

Advertising & Marketing	Financial Services	Real Estate
Business & Professional Services	Food Service	Religious Organizations
Childcare (Camps, Day Cares, Educational Programs)	Healthcare	Retail
Colleges, Universities, Vocational Programs	Industrial & Manufacturing	Science & Mathematics
Construction	Information Technology	Senior Citizen Services
Cultural Institutions (Museums, Historic Landmarks)	Legal Services	Transportation
Engineering & Architecture	Hospitality & Tourism (Hotels, Theaters, Tours)	Media (TV, Film, Radio)
	Human Services (Housing, Social Services)	Other: _____

Is the worksite childcare-related? No Yes Will participants attend field trips or special outings? No Yes  
 Will participants be instructed to work outdoors? No Yes Will participants complete community service projects? No Yes

**If you answered "Yes" to any question above, your worksite may require special planning or a trip schedule form. Your SYEP Provider will follow up for more information.**

Please provide a brief description on the nature of your company or organization, including any interesting projects or notable achievements.

Has this establishment been the subject of any Federal, State, or City investigation, criminal, or civil action in the last five years?  
 No Yes If yes, provide all details, dates and outcomes on a separate sheet attached to this application.

### II. Management and Supervision

How many full-time employees are in your establishment? \_\_\_\_\_ How many will be responsible for supervising participants? \_\_\_\_\_  
 The Supervisor to Participant ratio must be at least one (1) adult supervisor for every twelve (12) participants.  
 Please complete the information below for each employee responsible for supervising participants. Attach additional pages if necessary.

Worksite Representative	Supervisor	Key Management Personnel	Name	Title	Phone Number	Email Address	Check Box if Authorized to Sign Timesheets

### III. Work Schedule(s)

What are the general hours of operation for this worksite? \_\_\_\_\_  
 Will participants work staggered schedules? No Yes If no, please fill out participant schedule #1. If yes, please fill out both (#1 and #2) participant schedules. SYEP Participants can work up to 25 hours per week. Schedules must comply with NY State law governing the hours that minors may work.

#### Participant Schedule #1 (Required)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From: _____	From: _____	From: _____	From: _____	From: _____	From: _____	From: _____
To: _____	To: _____	To: _____	To: _____	To: _____	To: _____	To: _____

#### Participant Schedule #2 (For staggered schedules only)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From: _____	From: _____	From: _____	From: _____	From: _____	From: _____	From: _____
To: _____	To: _____	To: _____	To: _____	To: _____	To: _____	To: _____

**IV. Job Description(s)**

Please complete the information below and attach additional pages if necessary.

- One section must be completed for each type of work assignment available.
- The descriptions and requirements must be specific, nonexclusive, and pertinent to work activities.
- All job descriptions must demonstrate a genuine work experience that constitutes a full 25-hour work week.
- The cumulative total of participants in all job titles must correspond to the total number of participants requested for the worksite.

**Sample participant job categories:**

Beautification	Counselor/Recreation Aide	Hospital/Health Aide	Office Aide
Community Aide	Cultural Aide	Maintenance	Teacher's Aide

**Job Category #1:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_ **Number of participants requested:** \_\_\_\_\_

**Job Duties (Provide details):**

**Special Skills or Requirements  
(Age & Experience, if applicable):**

**Job Category #2:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_ **Number of participants requested:** \_\_\_\_\_

**Job Duties (Provide details):**

**Special Skills or Requirements  
(Age & Experience, if applicable):**

**Job Category #3:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_ **Number of participants requested:** \_\_\_\_\_

**Job Duties (Provide details):**

**Special Skills or Requirements  
(Age & Experience, if applicable):**

**Total Number of Participants Requested for this Worksite:** \_\_\_\_\_

**V. Certification**

**I understand by submitting this form, I am not guaranteed participation in the SYEP as a Worksite. If selected to be a SYEP Worksite, I will be notified by a SYEP Provider to complete the necessary documents to become an official SYEP Worksite.**

*By signing below, I hereby certify that all information provided in this form is accurate and complete to the best of my knowledge.*

\_\_\_\_\_  
**Signature of Worksite Supervisor      Print Name      Title      Date**

DYCD and all SYEP Providers reserve the right to decline participation with any organization. All participating worksites must be in compliance with all Federal, New York City, and New York State and Department of Labor regulations. Information provided may be used by the City of New York to improve City services or to access additional funding.



**I. General Information**

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

Worksite Address: \_\_\_\_\_

**II. Licensed Childcare-Related Worksites**

What type of facility do you operate?

Group Day Care	Day Camp	School-Aged Child Care (e.g. COMPASS/SONYC/Beacon)	<u>Max of 2 SYEP Participants Allowed</u>	<u>Max of 2 SYEP Participants Allowed</u>
			Family Day Care	Home-Based

What are the start and end dates of the camp/program? \_\_\_\_\_ to \_\_\_\_\_

How many children under the age of 14 do you expect to serve at your facility this summer? \_\_\_\_\_

The ratio of adult counselors to children 8 years of age and older is 1:12. For children 6 to 8 years of age, the ratio is 1:9. For children less than 6 years of age, the ratio is 1:6. Adult Counselors or Group Leaders MUST be at least 18 years of age with prior youth counseling experience.

Please select all licenses and permits required by DOH for your program and complete the required information. You must include copies of all current licenses and permits with this application, and you must produce updated copies to the SYEP Provider before participants can start work at your program this summer.

Camp Permit Number: _____	EXP. Date: _____	SACC Licence Number: _____	EXP. Date: _____
DOH License Number: _____	EXP. Date: _____	BEDS Code: _____	

In accordance with all New York City, State, and Governmental regulations as it pertains to Child Care programs' staff, interns, and volunteers, it is required to complete the "*Childcare Screening Requirements*" (Section III).

All ventures requiring youth to accompany children offsite must complete the Trips & Field Work request form.

**III. Childcare Screening Requirements**

Please select all required screening assessments to be completed by SYEP participants prior to starting work at your facility:

Fingerprints/Criminal Convictions	Statewide Criminal Register (SCR)	Staff Exclusion List (SEL)
Required Medical Clearance (Current TB test included)		Online Certification Training Class

Note: SYEP participants will be assigned to your site prior to the start of the program. By selecting the above, you acknowledge you and your staff will provide participant(s) with all necessary documentation and directives to satisfy the Childcare Screening Requirements in accordance with accepting youth from the program.

*Disclosure: SYEP participants must not be held responsible for any fees associated with the screening assessments.*

**IV. Out-of-City & Overnight Camps**

 Is this worksite located outside of NYC? Yes No (If yes, please complete this section)

**Day Camps must submit a copy of their most recent school-aged childcare license and/or overnight camp permit.**

How will SYEP participants be transported to and from this worksite and New York City? : \_\_\_\_\_

Describe the meal plan for SYEP participants during their work day at this site: \_\_\_\_\_

 Are SYEP participants required to stay overnight? Yes No (If yes, please complete this section)

Describe the overnight housing arrangements for SYEP participants: \_\_\_\_\_

Describe the non-work hour activities for SYEP participants: \_\_\_\_\_

**V. Certification**

*By signing below, I hereby certify that all information provided in this form is accurate and complete to the best of my knowledge.*

Signature of Worksite Supervisor	Print Name	Title	Date
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