



SULLIVAN RENAISSANCE 2018 YOUTH DEVELOPMENT PROGRAM INTERN APPLICATION INSTRUCTIONS

Sullivan Renaissance is a beautification and community development program committed to building beautiful, healthy and active communities in Sullivan County, NY. Each year, in partnership with the Sullivan County Center for Workforce Development, Sullivan Renaissance hires several part-time seasonal **Interns** to work with community volunteers on Renaissance projects. This paid internship is an excellent opportunity to be part of a movement to change and shape the future of communities throughout the county.

PROGRAM DESCRIPTION

- **Project Support:** The primary role of a **Sullivan Renaissance Intern** is to help with the care of gardens and other beautification elements of community projects. Tasks include planting, watering, mulching, fertilizing, weeding and other related activities. **Interns** may also be asked to help with administrative or organizational responsibilities such as clerical support or fundraising activities.
- **Youth Development: Interns** are also paid for to attend 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 **Interns**.

To apply, complete the attached application and return it to Sullivan Renaissance by **March 1, 2018**.

ELIGIBILITY AND RESPONSIBILITY

The Internship and Youth Development Program is a competitive opportunity that requires a strong commitment. **Preference will be given to applicants for whom this will be their only summer job.** To be eligible applicants must be between the ages of 16 - 20 years old **at the time of application**. If you are under the age of 18 an original set of working papers is required. **Selected candidates participate in a mandatory orientation on May 16 OR May 23, 2018.** Working papers (if applicable), social security card and photo ID should be brought to orientation. Starting salary for the position is \$10.50 per hour. Applicants not hired for the Sullivan Renaissance Intern Program may still be eligible for other employment/internship opportunities.

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 and skills in public speaking, work readiness and project management. As a group, **Interns** will choose and complete a volunteer community service project.

For more information about the **Youth Development Program** contact:
Anne-Louise Scandariato, Volunteer Program Manager
Phone: (845)295-2445 or Email: ascandariato@sullivanrenaissance.org

Sullivan Renaissance is principally funded by the Gerry Foundation.



SULLIVAN RENAISSANCE
2018 YOUTH DEVELOPMENT PROGRAM
INTERN 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:

Project _____ Town _____

Project _____ Town _____

On a separate sheet of paper, please explain why you are interested in being a Sullivan Renaissance Intern.

When can you begin working? _____

Are you available for work **May 16 through August 31, 2018**? Yes No
If no, please explain:

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

Do you know of any times between **May 16 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. A schedule will be provided at the time of interview.

Indicate which orientation you will attend if hired:
 May 16, 2018 from 6pm-8pm or May 23, 2018 from 2pm-4pm;

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:

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 2018 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 **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 and the Center for Workforce Development.

PARENT/GAURDIAN SIGNATURE **PRINT NAME** **DATE**