



Connect to Careers Summer Youth Employment Program SPONSOR/WORKSITE APPLICATION - COUNTY DEPARTMENTS

SECTION A

COUNTY DEPARTMENT NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

CONTACT PERSON: _____ DEPT./TITLE: _____

TELEPHONE: (805) _____ EMAIL: _____

SECTION B

SUMMER POSITION TITLE	LOCATION/CITY	SUPERVISOR'S NAME	SUPERVISOR'S PHONE OR EMAIL

REQUESTED START DATE: _____ # OF HOURS PER WEEK: _____

AGE REQUIREMENTS: _____ HOW MANY TOTAL YOUTH ARE YOU LOOKING TO TAKE? _____

CIRCLE THE DAYS OF THE WEEK YOU'D LIKE THE YOUTH TO WORK:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
START TIME:							
END TIME:							

DUTIES – Type of work to be done, equipment and materials that will be used and any required physical activities:

SKILL REQUIREMENTS – Skills, knowledge and abilities that will contribute to the youth's success:

EMAIL COMPLETED FORM TO: L.Servin@sbcsocialserv.org IF AVAILABLE, PLEASE ATTACH A COPY OF THE JOB DESCRIPTION(S).

For information or questions about the program please contact Program manager Luis Servin at (805) 896-6835 or by email at L.Servin@sbcsocialserv.org or visit our page at www.sbc2csummeryouthemployment.org