

**Bucks County Workforce Investment Board
Summer Work Experience for Youth
Work Site Application**

Company/Organization Name: _____
 Address: _____
 Telephone Number: _____
 Name and Email of Chief Executive Officer: _____
 Name and Email of Contact Person: _____

Organizational Status (check all that apply)

- Public Non-Profit Governmental Other (describe)

Brief Description of Organization: _____

Number of Program Participants Requested: _____

Age Restrictions (Participants are ages 18 to 24): _____

Position Title(s) <i>(List youth's job title)</i>	# of Positions <i>(per title)</i>	Anticipated Schedule <i>(Days & Times)</i>

Occupational Areas to be Targeted (check all that apply):

- Agriculture/Food Production
 Building/Construction
 Business/Financial Services
 Education
 Energy
 Information/Communication Services
 Life Sciences, including Biomedical & Healthcare
 Logistics/Transportation
 Lumber/Paper
 Manufacturing
 Other: _____

Describe the work to be performed and what the participant will learn as a result of doing it. _____

If outdoor work is being considered, what are your plans for days of inclement weather? _____

Disclaimer: The completion of this application does not guarantee that your place of employment will be selected as a Summer Work Experience Work Site. In addition, if your company/organization is selected as a Summer Work Experience Work Site, you will need to provide appropriate documentation to verify that your site is safe and complies with Child Labor Laws and all other appropriate employment laws.