

2018 Wanda Fullmore Youth Internship Program Information and Guidelines



Common Wealth
Development



Thank you for your interest in the Wanda Fullmore Youth Internship Program! This is a unique opportunity for Madison youth to get involved with local government, and gain training and employment. This program provides high school students with high-quality youth employment opportunities. In 2018, Common Wealth will work with the City to place 40-50 youth in summer internships.

Youth who are selected to participate in the program will receive:

- Mandatory pre-internship training
- An 8-week summer internship opportunity
- Regular mentoring and support from Common Wealth Development
- Mandatory weekly professional development training
- \$9.00 per hour for their employment and training hours

Internship opportunities may be with the following City Departments and Offices (and more):

Clerk's Office	Economic Development	Housing Division	Parks Division
Community Development	Engineering	Human Resources	Public Health
Civil Rights	Fire Department	Madison Public Libraries	Water Utility

IMPORTANT INFORMATION

To be eligible for the program, youth **must reside in the City of Madison limits** and must provide **proof of eligibility to work** in the United States. Youth are considered individually, and preference will be given to those entering 11th or 12th grade for the 2018-2019 academic year and who face barriers to employment. **Interested youth and their parents/guardians must complete the attached application packet and submit it at any of our open interview meetings listed below** or directly to Common Wealth.

Open Interview Meeting Schedule: **MUST ATTEND ONE FOR CONSIDERATION!**

February 19: East HS, Career Center @ 2:45p
2222 East Washington Avenue

February 21: Shabazz City HS @ 2:30p
1601 N Sherman Ave

February 21: West HS, Room 2032 @ 3:45p
30 Ash Street

February 26: LaFollette HS, Room C17 @ 3:45p
702 Pflaum Road

February 28: Memorial HS, Lit Center @ 3:45p
201 S Gammon Road

March 1: Capital High East @ 2:00p
1045 E Dayton St

March 2: Capital High West @ 2:00p
202 S Gammon Rd

March 6: East HS, Room 1000 @ 3:45p
2222 East Washington Avenue

March 8: West HS, Room 2032 @ 3:45p
30 Ash Street

March 13: LaFollette HS, Room C17 @ 3:45p
702 Pflaum Road

March 15: Memorial HS, WI Neighborhood Center @ 3:45p
201 S Gammon Road

March 16: Urban League Teen Job Fair @ 10:00a – 2:00p
2222 S Park Street, Suite 200

March 22: Central Library, 1st Floor Conf. Room @ 4:00p
201 W Mifflin Street

A complete application MUST be turned in to a Common Wealth staff member in order to be considered!

A complete application consists of a **Youth Application** and a **Parent/Guardian Permission Form** with all **required signatures**.

Applications can also be found at www.cwd.org. **Please detach and KEEP this information sheet!**

Please contact Common Wealth with any questions about the program or application process.

Common Wealth

1501 Williamson Street, Madison, WI 53703
Phone (608) 256-3527 | Fax (608) 256-4499

Liz Machesney, Ext. 21
Youth Programs Manager
liz@cwd.org

Annie Johnston, Ext. 17
Youth Employment Specialist
annie@cwd.org

Sydney McConnell-Durkin, Ext. 20
Youth Employment Specialist
sydney@cwd.org

Wanda Fullmore Youth Internship Timeline

Application Process

February 19 – March 22

Open Interviews with
Interested Students

March 26 – March 30

Notify Selected Students

April 2 – May 25

Intake Meetings with
Selected Students

Spring/Summer Schedule

*Students are required to attend **both** pre-internship trainings at their respective high schools or nearest location!*

April 2018

April 23 4:00p-5:30p at LaFollette High School, Room C17	Pre-Internship Training – LaFollette Students
April 24 4:00p-5:30p at East High School, Room 1000	Pre-Internship Training – East Students
April 25 4:00p-5:30p at West High School, Room 2032	Pre-Internship Training – West Students
April 26 4:00p-5:30p at Memorial High School, WI Neighborhood Center	Pre-Internship Training – Memorial Students

May 2018

May 21 3:00p-4:30p at LaFollette High School, Room C17	Pre-Internship Training – LaFollette Students
May 22 4:00p-5:30p at East High School, Room 1000	Pre-Internship Training – East Students
May 23 4:00p-5:30p at West High School, Room 2032	Pre-Internship Training – West Students
May 24 4:00p-5:30p at Memorial High School, Literacy Center	Pre-Internship Training – Memorial Students

June 2018

June 11-June 15 (Specific Times TBD) Madison Central Library, 3 rd Floor	Intern Large Group Training
June 18 5:00p-7:00p Madison Central Library, 3 rd Floor	Kick Off Celebration – Families are invited!
June 18-25 (Specific date determined by each department)	Internships Start!
June 29 12:30p-2:30p Madison Central Library, 3 rd Floor	Professional Development

July 2018

July 6 11:30a -1:30p (or) 2:00p- 4:00p Madison Central Library, 3 rd Floor	Professional Development (cohorts)
July 13 12:30p-2:30p Madison Central Library, 3 rd Floor	Professional Development
Date & Location TBD	Mid-Summer Gathering
July 20 12:30p-2:30p Madison Central Library, 3 rd Floor	Professional Development
July 27 11:30a-1:30p (or) 2:00p-4:00p Madison Central Library, 3 rd Floor	Professional Development (cohorts)

August 2018

August 3 11:30a-1:30p (or) 2:00p-4:00p Madison Central Library, 3 rd Floor	Professional Development (cohorts)
August 10 12:30p-2:30p Madison Central Library, 3 rd Floor	Professional Development
August 17 11:30a-2:30p Madison Central Library, 3 rd Floor	Professional Development
August 20 5:00p-7:00p Madison Central Library, 3 rd Floor	Internship Celebration – Families are invited!

2018 Wanda Fullmore Youth Internship Program Youth Application



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This application must be submitted by the student, in person, at any of the open interviews. Please complete in full, leaving no spaces blank! Write N/A if necessary. When given options, please circle the appropriate selection.

First Name _____ M.I. _____ Last Name _____

Street Address _____ City _____ Zip _____

Primary Phone # _____ HOME / CELL (circle one) OWN / GUARDIAN (circle one)

Secondary Phone # _____ HOME / CELL (circle one) OWN / GUARDIAN (circle one)

Email Address _____ Date of Birth (MM/DD/YYYY) _____

Gender _____ Age _____ School _____

Will you have summer school? YES / NO / UNKNOWN (circle one) 2017-2018 Grade _____

Race/Self-Identification (circle all that apply)

African-American Asian Caucasian Hispanic Native American Other _____

Do you speak a second language? YES / NO (circle one) – If yes, which _____

Emergency Contact Information (parents, guardians, closest relatives):

1. Name _____ Relationship to You _____

Address _____ Language(s) Spoken _____

Primary Phone # _____ Secondary Phone # _____

2. Name _____ Relationship to You _____

Address _____ Language(s) Spoken _____

Primary Phone # _____ Secondary Phone # _____

Have you been in a job training program before? YES / NO (circle one) – If yes, please list the organization(s):

Do you have previous work, volunteer or internship experience? YES / NO (circle one) – If yes, list all starting with most recent; if currently employed, please write “present” as your end date:

1. Business/Organization _____ Dates Employed (mo/yr) _____ - _____

Primary Responsibilities _____

2. Business/Organization _____ Dates Employed (mo/yr) _____ - _____

Primary Responsibilities _____

Have you already applied for, been hired by, or accepted by any other summer jobs or internships?

YES / NO (circle one) – If yes, where?

List all summer commitments including family vacations, summer camps, sports, regular babysitting commitments, etc. with approximate dates. (Write **NONE** if there are no obligations and you are completely free this summer.)

Reference or Referral (**NOT** a parent/guardian, but may be a coach, teacher, community center staff person, previous employer, counselor, case worker, etc.)

1. Name _____ Relationship to You _____
Primary Phone # _____
Organization _____ Title _____

Why do you think you would be a great fit for the Wanda Fullmore Youth Internship Program?

Please list the three departments (if there are any) in which you are most interested:

1. _____ 2. _____ 3. _____

Please initial the following statements, hereby indicating your agreement:

_____ I live in the City of Madison.

_____ If selected, I will attend a one-on-one intake meeting with Common Wealth staff prior to program training.

_____ If selected, I agree to be available during the training dates outlined on the timeline, and understand that missing any portion of training, meetings or interviews, if unexcused, may be grounds for dismissal from the program.

_____ If selected, I understand that the **internships will begin the week of 6/25/18 and will end the week of 8/13/18.**

_____ If selected, I understand that I may have an opportunity to interview with one or more specific departments, but will *not* be able to choose the department where I will be working.

_____ If selected, I understand that I am not guaranteed an internship, but that a potential internship depends on my completion of all training requirements, performance, participation, and potentially a successful interview.

_____ If selected, I agree to attend ongoing training with Common Wealth staff on **June 29, July 6, July 13, July 20, July 27, August 3, August 10, and August 17** as well as a final exit interview upon successful completion of the program.

By signing below, I hereby declare that all the information provided above is true and accurate to the best of my knowledge. Any misrepresentation may lead to disqualification from program consideration.

Student Signature _____ Date _____

Youth Application

2018 Wanda Fullmore Youth Internship Program Parent/Guardian Permission Form



*Parent/guardian signatures are required on each form provided in order for the student to be eligible for the program!

I understand that _____ has applied to participate in the Wanda Fullmore Youth internship Program.
Student's Name

I have read the Wanda Fullmore Youth Internship Program Guidelines and give my permission for the above-named student to participate in the program, if selected.

Date Parent/Guardian Signature Parent/Guardian Printed Name

For the most accurate information please try to fill out this form with your child. The following information will be used to provide the most beneficial training and work experiences for students. We are an inclusive organization and ask the questions below to best serve the student. The information obtained in this section will not eliminate a student from being eligible for our program. All information is kept strictly confidential.

1. Please list any allergies, medical or other conditions, which may affect the student's ability to participate.

2. Does the student have any special needs or require accommodations to be successful in our training or in a job?

Yes No – If yes, please explain: _____

3. Does the student have:

A case manager? Yes No – If yes, please specify their name and phone number:

A social worker? Yes No – If yes, please specify their name and phone number:

An IEP? Yes No – If yes, please specify how we can best serve them:

4. Is the student working with any social service programs? (i.e. PEOPLE, Gear Up, Probation and Parole, Project REACH, NIP, ARTT, or FOCUS) Yes No

If yes, please list name of program, first and last name of worker, and their phone number.

5. Do you have the student's original proof of age and social security card? (**NOT** a photocopy) If not, we will provide you with the information on obtaining these documents, so that your student can apply for a work permit.

Yes No

The Wanda Fullmore Youth Internship Program is primarily designed to serve economically disadvantaged students and those who face other barriers to employment. We use certain criteria to ensure we serve these youth. The questions below help us in this process. All information is kept strictly confidential but is necessary to determine priority for acceptance into the program. Please note, however, that answering "No" to any or all of the questions does NOT eliminate a student from being eligible for the program.

1. Does the student qualify for and/or receive free or reduced lunch at school? Yes No

2. Does the student qualify for and/or receive free bus tickets from the school? Yes No

3. Is the student pregnant and/or currently a teen parent? Yes No

4. Is the student currently in foster care? Yes No

5. Has the student ever been in foster care or a group home? Yes No

If yes – Date/Foster Home _____

6. Does the student live in one of the following neighborhoods? Yes No

If yes, please check appropriate neighborhood.

_____ Worthington Park

_____ Southside/Mooreland/Rimrock/Allied

_____ Wright Street/Truax/Northside

_____ Southwest Madison

_____ Leopold/Coho/Post Road Area

_____ Wexford Ridge

_____ Bridge/Lake Point/Waunona

_____ Great Grey/Owl Creek

7. Has the student ever received a written warning, suspension or ticket from a security guard or police officer, been arrested, or appeared in court for any reason? Please remember this information is kept strictly confidential. We consider contact with the juvenile justice system a barrier to employment. Our program will help youth overcome this challenge. Yes No

If yes, please list and explain each incident: _____

8. Has the student ever had a restraining order issued against or issued from another student? Please remember this information is kept strictly confidential. Yes No

If yes, please provide details: _____

2018 Wanda Fullmore Youth Internship Program

Parent/Guardian Release Form for Minors



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I am the parent and/or legal guardian of the child named below and, in consideration of my child's participation in the above event sponsored by Common Wealth Development, Inc. (the "Programs"), I fully approve and consent to my child's participation in the event and in all related activities, including my child's travel to and from field trips, job interviews and training events, meeting my child at school to discuss issues related to the Programs, communication between my child and Program staff by phone and other platforms including Common Wealth's private Wanda Fullmore Youth Internship Program Facebook group, and/or other program-related activities. I understand that Common Wealth will supervise the mentioned event and activities and my child's participation, and I fully authorize Common Wealth and its personnel or representatives to furnish my child with any necessary transportation, food or lodging relating to the Programs. I understand that I cannot hold Common Wealth responsible for any actions by my child or any damages or harm caused by my child, and I agree to hold harmless and indemnify Common Wealth, its board members, officers, employees, agents, assigns, or volunteers for any liability related to the negligent, willful or intentional acts of my child. I also release Common Wealth and its board members, employees, agents and volunteers from any liability (including claims for negligence) for personal injury, sickness, death, property damage, other harm, and expenses which may be directly or indirectly incurred by my child related to his or her participation in the Programs.

I also grant permission to Common Wealth and its employees to transport my child to a doctor or hospital and authorize any medical treatment for my child that may be deemed necessary, including, but not limited to, emergency surgery or medical treatment, and agree to assume the responsibility for all medical bills for any medical treatment provided to my child and for any related expenses.

I grant Common Wealth and City of Madison Staff unqualified right to create, edit, use, publish, and establish copyright ownership over any photographs, audio or visual recordings, or other complete or partial depictions of my child participating in the Programs and any related activities, including the use of my child's name; and I release, discharge, and agree to hold harmless and indemnify Common Wealth and any of its board members, officers, employees, agents, assigns or volunteers for any liability relating to the production, editing, publication, or other use of any such photographs, writings, or recordings, including without limitation any claims for libel or invasion of privacy.

I am of full legal age and have every right to contract for the minor in the above regard. I have read the above, am fully familiar with the contents thereof, and have no questions or reservations. This release shall be binding upon me and my heirs, legal representatives and assigns.

Student Name _____

Parent/Guardian Name _____ Relation to Child _____

Do you live with the child? Yes No If yes, FULL TIME / PART TIME (circle one)

Any comments on living situation? _____

Does the child reside in the City of Madison? Yes No

Primary Address (Street/City/Zip) _____

Primary Phone # _____ HOME / CELL / WORK (circle one)

Secondary Phone # _____ HOME / CELL / WORK (circle one)

Parent/Guardian Email _____

Preferred method of parent/guardian contact: CALL / TEXT / U.S. MAIL / EMAIL (circle one or more)

Emergency Contact

Name _____ Relation to Child _____

Phone # _____ HOME / CELL / WORK (circle one)

My child and I have read this entire document and fully assent to all of its terms and agreements.

Parent/Guardian Signature Date

Student Signature Date