2020 Wanda Fullmore Youth Internship Program
Application Packet

Information and Guidelines
Thank you for your interest in the Wanda Fullmore Youth Internship Program! This is a unique opportunity for Madison youth to learn about and become involved with their local government through a paid summer internship through which they will learn about civic engagement, city processes, and develop a project that connects their experiences with real-world issues. In 2020, Common Wealth Development will partner with the City to place 25 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
- Starting at $10.50 per hour for employment and training
- Mandatory weekly professional development training
- Regular mentoring and support from their Common Wealth Development Mentor

Internship Opportunities may be with one of the following City Departments and Offices:

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

***IMPORTANT INFORMATION***

Eligibility: 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 the 11th or 12th grade for the 2020 – 2021 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 Development.

Open Interview Meeting Schedule: MUST ATTEND ONE FOR CONSIDERATION!

February 17: LaFollette HS 1, Room A39 @ 2:45p
702 Pflaum Road

February 19: East HS 1, LMC Purple @ 4:00p
2222 East Washington Avenue

February 24: Capital High East, @ 12:30p
1045 E Dayton Street

February 24: West HS 1, Room 2033 @ 2:45p
30 Ash Street

February 25: Capital High West, @ 12:30p
202 S Gammon Road

February 26: Memorial HS 1, Fox NBHD Center @ 4:00p
201 S Gammon Road

March 10: East HS 2, Room 1014/1016 @ 4:00p
2222 East Washington Avenue

March 12: LaFollette HS 2, Room A39 @ 4:00p
201 S Gammon Road

March 13: Shabazz HS @ 12:00p
1601 N. Sherman Ave

March 17: Memorial HS 2, LIT Center @ 4:00p
201 S Gammon Road

March 19: West HS 2, Room 2033 @ 4:00p
30 Ash Street

March 20: Urban League Job Fair, 10:00a-2:00p

March 26: Central Library, 2nd Floor Conf. Room @ 4:00p
201 W Mifflin Street

A complete application (which includes a Youth Application and Parent/Guardian Application with all required signatures) MUST be turned in to a Common Wealth Development staff member in order to be considered, in addition to the completion of an interview during one of the designated open interview times.

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

Annie Johnston, Ext. 17
Youth Workforce Development Manager
(608) 220-8155
annie@cwd.org

Brendan Vandenburg-Carroll, Ext. 16
Youth Employment Specialist
(608) 438-6804
brendan@cwd.org

Amber Anundson, Ext. 20
Youth Employment Specialist
(608) 516-5760
amber@cwd.org
# Wanda Fullmore Youth Internship Timeline

## Application Process
- **February 17 – March 26**
  - Open Interviews with Interested Students
- **March 27 – April 3**
  - Notify Selected Students
- **March 30 – April 20**
  - Intake Meetings with Selected Students

## Spring/Summer Schedule

### Pre-Summer Trainings and Events
*All students are required to attend both pre-internship trainings at their respective high schools or nearest location!*  

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 20</td>
<td>2:45p-4:15p</td>
<td>Pre-Internship Training Part 1 (LaFollette H.S. Room A39)</td>
</tr>
<tr>
<td>April 21</td>
<td>4:00p-5:30p</td>
<td>Pre-Internship Training Part 1 (East H.S. Room 1014/1016)</td>
</tr>
<tr>
<td>April 22</td>
<td>4:00p-5:30p</td>
<td>Pre-Internship Training Part 1 (West H.S. Room 2033)</td>
</tr>
<tr>
<td>April 23</td>
<td>4:00p-5:30p</td>
<td>Pre-Internship Training Part 1 (Memorial H.S. Fox Neighborhood Center)</td>
</tr>
<tr>
<td>May 11</td>
<td>4:30p-6:00p</td>
<td>Meet &amp; Greet with Department Supervisors (Madison Central Library Third Floor)</td>
</tr>
<tr>
<td>May 18</td>
<td>2:45p-4:15p</td>
<td>Pre-Internship Training Part 2 (LaFollette H.S. Room A39)</td>
</tr>
<tr>
<td>May 19</td>
<td>4:00p-5:30p</td>
<td>Pre-Internship Training Part 2 (East H.S. Room 1014/1016)</td>
</tr>
<tr>
<td>May 20</td>
<td>4:00p-5:30p</td>
<td>Pre-Internship Training Part 2 (West H.S. Room 2033)</td>
</tr>
<tr>
<td>May 21</td>
<td>4:00p-5:30p</td>
<td>Pre-Internship Training Part 2 (Memorial H.S. Literacy Center)</td>
</tr>
</tbody>
</table>

### Pre-Placement Orientation Training
*All trainings and events will be held at the Madison Central Library Third Floor Community Rooms (301/302)*

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 15</td>
<td>11:00a-2:00p</td>
<td>Orientation Day 1</td>
</tr>
<tr>
<td>June 16</td>
<td>11:00a-3:00p</td>
<td>Orientation Day 2</td>
</tr>
<tr>
<td>June 17</td>
<td>11:00a-2:00p</td>
<td>Orientation Day 3</td>
</tr>
<tr>
<td>June 18</td>
<td>11:00a-2:00p</td>
<td>Orientation Day 4</td>
</tr>
<tr>
<td>June 19</td>
<td>11:00a-2:00p</td>
<td>Orientation Day 5</td>
</tr>
<tr>
<td>Week of June 22</td>
<td>n/a</td>
<td>Internships start! <em>(Specific date determined after placements are finalized)</em></td>
</tr>
<tr>
<td>June 22</td>
<td>5:30p-7:30p</td>
<td>Kick-Off Celebration – <em>Families are invited!</em></td>
</tr>
</tbody>
</table>

### Summer Trainings and Events
*All trainings and events will be held at the Madison Central Library Third Floor Community Rooms (301/302) unless otherwise noted*

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 26</td>
<td>11:30p-2:30p</td>
<td>Intern Professional Development #1</td>
</tr>
<tr>
<td>July 3</td>
<td>11:30p-2:30p</td>
<td>Intern Professional Development #2</td>
</tr>
<tr>
<td>July 10</td>
<td>11:30p-2:30p</td>
<td>Intern Professional Development #3</td>
</tr>
<tr>
<td>July 17</td>
<td>11:30p-2:30p</td>
<td>Intern Professional Development #4</td>
</tr>
<tr>
<td>July 24</td>
<td>11:30p-2:30p</td>
<td>Intern Professional Development #5</td>
</tr>
<tr>
<td>July 31</td>
<td>11:30p-2:30p</td>
<td>Intern Professional Development #6</td>
</tr>
<tr>
<td>End of July</td>
<td>TBD</td>
<td>Midsummer Gathering – Interns Only, <em>location to be determined</em></td>
</tr>
<tr>
<td>August 7</td>
<td>11:30p-2:30p</td>
<td>Intern Professional Development #7</td>
</tr>
<tr>
<td>August 14</td>
<td>11:30p-2:30p</td>
<td>Intern Professional Development #8</td>
</tr>
<tr>
<td>August 17</td>
<td>5:30p-7:30p</td>
<td>End of Summer Event – <em>Families are invited!</em></td>
</tr>
</tbody>
</table>
2020 Wanda Fullmore Youth Internship Program
Youth Application

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) 2020-2021 Grade ______________________

Race/Self-Identification (check all that apply)

☐ American Indian or Alaska Native  ☐ Hispanic or Latinx
☐ Asian  ☐ Middle Eastern or North African
☐ Black or African-American  ☐ Native Hawaiian or Other Pacific Islander
☐ White or Caucasian  ☐ 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 ____________________________
   Email ____________________________ Primary Phone # ____________________________
   Organization ________________________ Title ____________________________

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

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, events, 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 6/22/20 and will end the week of 8/10/20.

_____ 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 26, July 3, July 10, July 17, July 24, July 31, August 7, and August 14, as well as an 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__________________________
2020 Wanda Fullmore Youth Internship Program
Parent/Guardian Permission Form

*Parent/guardian signatures are required on each form provided 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, Briarpatch, 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: __________________________________________________________
   __________________________________________________________
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 ________________