



Dinwiddie County 2017 Summer Work-Based Learning Program Process Summary

Program Overview

- Dinwiddie County Economic Development, Dinwiddie County Public Schools, and businesses throughout the community are engaging in partnerships that offer students the opportunity to gain hands-on experience.
- Participants will work with a hosting organization for **up to 8 weeks** at the discretion of Dinwiddie County and the host agency.
- Participants will receive minimum wage of \$7.25 per hour **up to 16 hours** per week.
- Participants must be ages 14-18 years old (**and must be actively enrolled in grades 8-12**).

Selection Process

- Students interested in participating in the program must complete the Summer Work Based Learning Application.
- Applications must be submitted to Crystal Spain, Director of Human Resources, Dinwiddie County (Post Office Drawer 70, Dinwiddie, VA 23841 or cspain@dinwiddieva.us) no later than May 19, 2017 to receive consideration- unless otherwise notified.
- Applications must be completed in full (including experience, references, signature, etc.) in order to receive interview consideration; experience is not limited to work experiences; personal and family responsibilities may be included. Please note that any vacant sections should include a notation of "N/A" (not applicable).
- Selected applicants will be contacted and scheduled for interviews (Applicants should dress appropriately for the interview process). **Please Note: A representative from the host agency of interest, may be present during the interview.**
- Applicants will receive notification of their selection or non-selection no later than the conclusion of the school year; selected applicants will be made aware of their Work Based Learning assignment at this time.

Orientation

- Program participants (selected applicants) are **required** to participate in an orientation session that will take place prior to work assignments beginning; all participants must be accompanied by a parent.
- Participants must come prepared to complete employment forms (packets will be emailed or mailed in advance to allow for proper preparation).
- Participants will receive an overview of the procedures and expectations of the program.
- Successfully selected participants will be required to provide proof of identity and age.

Work Hours

- Program participants are expected to work 16 hours per week for **either a 4 week** (beginning July 10th and ending August 4th) **or 8 week assignment** (beginning July 10th and ending September 1st). Alternate dates may be implemented at the host organizations' request. **Dates may be subject to change.
- Host organizations will determine and communicate the hours and weekdays the participant will work; there is no guarantee that participants will be assigned to a host agency who operates during his/her preferred hours.
- Participants will track their hours worked on a provided timesheet; the host organization will be responsible for certifying the hours worked and returning the **weekly** timesheets to Cierra Goode at dinwiddieworks@dinwiddieva.us or via fax at 804.469.4503 no later than COB the following **Monday**.



Payment

- Program participants are expected to have logged the required hours outlined above in order to receive payment.
- Participants will receive payment for hours verified by their hosting agency and will be paid by Dinwiddie County on a monthly basis. Payroll is processed on the last working day of each month.

Host Organization

- Program participants are employees of Dinwiddie County reporting to various worksites and are covered under the County’s Liability Insurance policy. Hosting Organizations are however, expected to comply with all relevant workplace health and safety requirements enforced by OSHA.
- A representative from Dinwiddie County Public Schools or the Dinwiddie County Economic Development Office will conduct site visits at hosting agencies to ensure the participant's involvement and program effectiveness. Any issues should be documented and forwarded to the Program Manager.

****I acknowledge the terms of the Summer Work-Based Learning Program as set in the above terms and agree to participate.**

Student Signature

Student Name (Please Print)

Parent Signature (if student is under 18)

Parent Name (Please Print)

Host Organization- Authorized Signature
(To be obtained after assignment is confirmed)

Host Work Site (Please Print)

By typing your name here, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

Media Release: Dinwiddie County periodically uses electronic and traditional media (photographs and video) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the County and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me. If you do not wish to have your photographs/video released, please check here

For additional program information or questions please contact Tammie Collins, Deputy County Administrator, Planning & Community Development at 804.469.4500 ext. 2110 or at tcollins@dinwiddieva.us



Dinwiddie County 2017 Summer Work Based Learning Application

| Personal Information | | |
|---|--------|------|
| Name: | | |
| Street Address: | | |
| City: | State: | Zip: |
| E-mail Address: | | |
| Primary Phone Number: () | | |
| Alternate Phone Number: () | | |
| Availability | | |
| Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you able to arrange your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Indicate the days and hours that you will routinely be available during July and August <i>(Note: Work hours will be determined by the hosting employer; there is no guarantee that an applicant will be selected to work with an employer who operates during his/her preferred hours):</i> | | |
| <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | | |
| <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | | |
| List any dates that your availability will differ from the days and times noted above (ex: planned vacations, involvement with extra-curricular activities, etc.): | | |
| | | |
| | | |
| Education | | |
| Current School: | | |
| Indicate your current grade level: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | | |
| List any specialized coursework you have completed (ex: Career and Technical Education Courses): | | |
| | | |
| | | |
| List any awards, honors and recognitions received (ex: Perfect Attendance, Honor Roll, etc.): | | |
| | | |
| | | |



| Work/Volunteer/Family/Personal Experiences (Use additional pages if needed) | | |
|--|--------|------------------|
| Include work and volunteer experiences and personal and family responsibilities. | | |
| Most Recent Employer: | | |
| Job Title: | | |
| Supervisor: | | |
| Hire Date: | | Separation Date: |
| Street Address: | | |
| City: | State: | Zip: |
| Job Duties: | | |
| | | |
| | | |
| Reason for leaving: | | |
| Previous Employer: | | |
| Job Title: | | |
| Supervisor: | | |
| Hire Date: | | Separation Date: |
| Street Address: | | |
| City: | State: | Zip: |
| Job Duties: | | |
| | | |
| | | |
| Reason for leaving: | | |
| Previous Employer: | | |
| Job Title: | | |
| Supervisor: | | |
| Hire Date: | | Separation Date: |
| Street Address: | | |
| City: | State: | Zip: |
| Job Duties: | | |
| | | |
| | | |
| Reason for leaving: | | |



Additional Information

Provide any additional information that will be helpful in evaluating your application (ex: involvement in extra-curricular activities, clubs, or organizations):

Areas of Interest

Select each of the following host organizations in which you have an interest is working:

- | | |
|--|---|
| <input type="checkbox"/> Appomattox Regional Library (Library) | <input type="checkbox"/> Dinwiddie County Public Schools (Education) |
| <input type="checkbox"/> Crater Vision Center (Optometry) | please specify: |
| <input type="checkbox"/> Dinwiddie 4-H (Videography) | <input type="checkbox"/> Bus Garage |
| <input type="checkbox"/> Dinwiddie County (Government) | <input type="checkbox"/> Information Technology |
| please specify: | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> School Board Office |
| <input type="checkbox"/> Commissioner of the Revenue | <input type="checkbox"/> Greenhouse Daycare (Childcare) |
| <input type="checkbox"/> Parks, Recreation, & Tourism | <input type="checkbox"/> Nicole Cliborne (Cosmetology) |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Pamplin Historical Park (Facilities/Hospitality) |
| <input type="checkbox"/> Registrar | <input type="checkbox"/> Petersburg Trading (Retail) |
| | <input type="checkbox"/> Stepping Stone Academy (Childcare) |
| | <input type="checkbox"/> Tee's Beauty Salon (Cosmetology) |

**Additional opportunities may become available prior to the program beginning.*

References (Non-Relative)

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:



Certification:

I certify that, to the best of my knowledge, all information provided on this application is true and complete. I authorize the verification of any and all information provided. I understand that providing any false information may result in non-selection or separation at any point during the Summer Work Based Learning Program process.

Signature

Date

By typing your name here, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.