

Wanda Fullmore Youth Internship Program Information & Guidelines



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. In 2014, Mayor Paul Soglin launched the City of Madison Wanda Fullmore Youth Employment Initiative, increasing the City of Madison's commitment to providing youth who face barriers to employment with high-quality youth employment opportunities. In 2015, Common Wealth will work with the City to place approximately 30 youth in summer internships. Common Wealth has a 25-year track record of effectively delivering high-quality programming that provides underprivileged area teens with employment and financial education, job opportunities, and supportive mentoring.

Youth who are selected to participate in the program will receive pre-internship training and be matched with a summer internship opportunity. Once placed in an internship, youth will receive regular mentoring and support from both their internship supervisor and a Common Wealth staff member. They will also participate in four professional development training events throughout the summer. Youth will be paid \$9.00 per hour for their employment and training. Internship opportunities are with the following City Departments and Offices:

Clerk's Office **Planning Division** Fire Department Community Development Division **Public Health Housing Division Department of Civil Rights** Madison Public Libraries Streets & Recycling **Economic Development Division** Mayor's Office Water Utility Engineering

Parks Division

Selected students will be invited to express their department preferences and will undergo interviews, but may not receive their top choice in department placement.

In order for a student to qualify for the program, he or she must be a City of Madison resident. Youth are considered individually, and preference will be given to those entering 11th or 12th grade in the fall of 2015 and who face barriers to employment. Interested youth must complete the attached application packet with the help of their parent/guardian and submit it in person at any of our open interview meetings.

Open Interview Meeting Schedule: Interested youth must attend one of the following meetings and turn in a completed application packet.

April 29 – East High School, 3:45pm	May 11 – Meadowood Neighborhood Center, 5:30pm
May 1 – Vera Court Neighborhood Center, 5:30pm	May 12 – LaFollette High School, 3:45pm
May 4 – Memorial High School, 2:45pm	May 13 – Bridge Lake Point Waunona Neighborhood
May 6 – Boys & Girls Club Allied Family Center, 6:00pm	Center, 4:30pm
May 7 – Salvation Army Darbo Community Center,	May 14 – Boys & Girls Club Taft Street, 6:00pm
4:00pm	May 19 – Goodman Community Center, 4:30pm
May 9 – East Madison Community Center, 10:00am	May 20 – Shabazz High School, 3:30pm
May 11 – West High School, 2:45pm	May 21 – Briarpatch Youth Services, 4:30 pm

A complete application packet 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. Extra copies of the application packet can be found on Common Wealth's website (http://www.cwd.org).

Internship Program Timeline:

April 29 – May 22	Open Interviews for Interested Youth
End of May	Intake Meetings with Selected Youth
June 15 – June 19	Pre-Internship Training, 1:00 – 5:00pm, location TBA
June 22 – June 26	Interviews with Internship Supervisors
June 29	Wanda Fullmore Youth Internship Kick-Off Celebration
June 30 – August 21	Youth Work in Internships
July 10, July 24,	
August 7, & August 21	Professional Development Trainings, 1:00 – 4:00pm, location TBA

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

Common Wealth
1501 Williamson Street, Madison, WI 53704
Phone (608) 256-3527 | (608) 256-4499 Fax

Tyson Jackson ext. 20
Youth Employment Specialist
tysonj@cwd.org

Rachel Darken ext. 18
Youth Programs Director
rachel@cwd.org

Richelle Andrae ext. 16
Youth Employment Specialist richelle@cwd.org



Wanda Fullmore Youth Internship Program – Youth Application

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

Name ₋						Gender
Addres	s				City	Zip Code
Primary Phone #			HOME or C	ELL, OWN or GUARD	NAN'S	
Second	lary Phone #			HOME or 0	CELL	
Email A	Address				Date of Birth	1
Curren	t Age	c	urrent School At	tending		Grade
Race /	Self-Identificati	on (circle al	l that apply):			
African	American	Asian	Caucasian	Hispanic	Native American	Other
Do you	speak a second	d language a	at home? YES or	NO – If yes, wl	nich:	
Emerge	ency Contact In	formation (parents, guardia	ns, closest rela	tives):	
1)	Name			Relatio	nship to you	
2)						
•						
	-			•	List specific contact	names, community centers where you saw
Have y	ou been in a jol	o training pr	ogram before? \	/ES or NO — If	yes, list organization	n(s):
Are you	u currently emp	loyed? YES	or NO – If yes, w	here:		
Do you	have previous	work, volur	nteer or internsh	ip experience?	YES or NO – If so, lis	st all starting with most recent:
	Business/Orga	nization:			Dates E	Employed (mo/yr):
	Primary Respo	onsibilities:				
	Business/Orga	nization: _			Dates E	Employed (mo/yr):
	Primary Respo	onsibilities:				

Will you have summer school? YES or NO or UNKNOWN Will you have a summer bus pass? YES or N	O or UNKNOWN
Have you already applied for any other summer jobs or internships? YES or NO – If yes, where?	
Have you already been hired or accepted to any other summer jobs or internships? YES or NO – If yes, when	e?
List all summer commitments including family vacations, summer camps, sports, regular babysitting commit approximate dates (write NONE if none):	
References (NOT a parent or guardian, but may be a coach, teacher, community center staff person, previous counselor, case worker, adult relative, etc.):	us employer,
1) Name / Title Primary Phone #	
1) Name / Title Primary Phone # Relationship to you (include organization if applicable)	
2) Name / Title Primary Phone # Relationship to you (include organization if applicable)	
Why do you think you would be a great fit for the internship program?	
Please list the top 3 departments that you would be most interested in working with and why: 1	
Please initial the following statements, hereby indicating your agreement:	
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 training dates of June 15 – June 19, 1:00 – 5:00 pm , and missing any portion of training, meetings or interviews may be grounds for dismissal from the programment.	
If selected, I understand that the internships will begin the week of June 29 and will end the week	of Aug. 21.
If selected, I understand that I may have an opportunity to interview with one or more specific department that I will be working with.	partments, but that I
If selected, I understand that I am not guaranteed an internship, but that a potential internship de	pends on my
completion of all training requirements, performance and participation as well as a successful inte	rview.
If selected, I agree to attend ongoing training with Common Wealth staff on July 10, July 24, Aug. 7	7 and Aug. 21, 1:00 –
4:00 pm , 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	of my knowledge. Any
misrepresentation may lead to disqualification from program consideration.	
Name Date	

COMMON WEALTH DEVELOPMENT, INC.

Wanda Fullmore Youth Internship Program – Parent/Guardian Permission Form

I understand that	(Student's Name)	has appli	ed to participate in the Wa	nda Fullmore Youth Internship Progran	1.
I have read the W the program, if se		nip Program Guidelin	es and give my permission	for the above-named student to particip	ate in
Today's Date	Signature of parent or gua	ardian	Printed name of p	arent or guardian	
		****	****		
				owing information will be used to pro	
				ion and ask the questions below in or t from being eligible for our program	
	ept strictly confidential.				
1) Please list any	allergies, medical or other co.	nditions, which may a	affect the student's ability t	o participate in our program:	
2) Does the stude	ent have any special needs or r	need accommodations	to be successful in our tra	ining or in a job?	
Yes No If yes,	, please explain:				
3) Does the stude	ent have:				
A case manager	Yes No (If yes, please spo	ecify their name and p	phone #)		
A social worker	Yes No (If yes, please spe	ecify their name and p	hone #)		
An IEP	Yes No (If yes, please spec	cify how we can best	serve them)		
	working with any other social please list name of program, fir			on and Parole, Project REACH, NIP, Al	RTT, or
	he student's original proof of a ocuments, so that your student			f not, we will provide you with informa	ntion on
	Please circle:	Yes	No		
This packet m	nust be returned to a Com	mon Wealth staf	f member at one of th e	e onen interview meetings listed	l in the

Please call us with any questions or to request a list of the open interview meetings!

Wanda Fullmore Youth Internship Program Guildelines.

Tyson Jackson 256-3527, ext. 20

Richelle Andrae 256-3527, ext. 16

Rachel Darken 256-3527 ext. 18

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?

2) Does the student qualify for and/or receive free bus tickets from the school?

		☐ Yes	□ No	
2)	Does th	the student qualify for and/or receive free bus tickets from the school?		
		☐ Yes	□ No	
3)	Is the s	tudent pregnan	nt and/or currently a teen parent?	
		☐ Yes	□ No	
4)	Is the s	tudent currentl	y in foster care?	
		☐ Yes	□ No	
			nt ever been in foster care or a group home:	
5)	5) Does the student live in one of the following neighborhoods?			
		☐ Yes	□ No	
		If yes, please	check appropriate neighborhood:	
		Worth	ington Park	Southside/Moorland/Rimrock/Allied
		Wrigh	t Street/Truax/Northside	Southwest Madison
		Leopo	old/Coho/Post Rd Area	Wexford Ridge
		Bridge	e/Lake Point/Waunona	Great Grey/Owl Creek
6)	been ar	rested, or appe ential. We con	eared in court for any reason? Please re	or a ticket from a security guard or police officer, emember this information is kept strictly system a barrier to employment. Our program will
		☐ Yes	□ No	
		If yes, please	list & explain each incident:	
				ne:
			Parent's Name	

COMMON WEALTH DEVELOPMENT, INC. Wanda Fullmore Youth Internship Program: Parent/Guardian Release Form for Minors

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 an 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.

Child's Name:			
Parent/Guardian's Name:		Relation to Child:	
Do you live with the Child?	(Please circle)	Yes No Part-time	
Comments on living situation	n:		
Primary Address:			
Primary Phone: ()	Hom	ne/Cell Secondary Phone: ()	Home/Cell
Other Emergency Contact N	ame:	Relation to Child:	
Primary Phone: ()	Hom	ne/Cell Secondary Phone: ()	Home/Cell
Preferred Method of Parent/0	Guardian Conta	act: (circle one or more):	
CALL TEXT	US MAIL	EMAIL (address:)
My child and I have read this entire	document and f	fully assent to all of its terms and condition	ons.
Signature of Parent/Guardian	Date	Signature of Child	Date

COMMON WEALTH DEVELOPMENT, INC. Privacy Policy Notice

1. <u>Introduction</u>

This Notice is intended to describe how Common Wealth Development, Inc. ("Common Wealth") collects, maintains and discloses nonpublic personal information in connection with the Wanda Fullmore Youth Internship Program (the "Programs"). This Notice applies only to individuals and Common Wealth reserves the right to change this Notice at any time and from time to time.

2. COLLECTING AND USING NONPUBLIC PERSONAL INFORMATION

Common Wealth collects both public and nonpublic personal information about participants in the Programs to provide program services. Information collected or released can include, but is not limited to information regarding issues related to the student's participation or performance in the "programs" from: schools, other assistive or supportive agencies, and/or their personnel. The information released may include, but is not limited to, class schedules, grades, and attendance records. Common Wealth may at times be required to provide demographic information about the Programs' participants to funders.

3. DISCLOSURE OF NONPUBLIC PERSONAL INFORMATION

Common Wealth works to provide educational and employment opportunities to participants. Disclosing certain personal information on employment applications or other communications with potential employers is essential to the success of the Programs. Common Wealth hereby discloses and reserves the right to disclose all of such information it collects, as described above.

Common Wealth also reserves the right to disclose nonpublic personal information as permitted by law.

By signing below you acknowledge you have received a copy of this Notice and acknowledge and authorize the disclosures described herein. By signing below you further acknowledge that all information obtained by Common Wealth in connection with the Programs was obtained for legitimate purposes, including enabling Common Wealth to administer the Programs.

Date	Signature of Parent/Guardian