



New Castle County Youth Workforce Development Program Worksite Partner Application

Thank you for expressing interest in the New Castle County Youth Workforce Development Program (YWDP). The Youth Workforce Development Program brings together private- and public-sector employers, community-based organizations, and government agencies to provide New Castle County youth ages 14-20 with a meaningful work experience to cultivate and stimulate professional and personal career aspirations. Employers in New Castle County make this annual program possible by volunteering to serve as worksite partners and providing structured job opportunities for youth during the summer and school year. Below, please find the Worksite Partner Application. Employers **MUST** complete all required information for registration to be considered as a Worksite Partner.

Once selected as a worksite partner, a Memorandum of Understanding must be completed for your program, agency, business, or organization in order to participate as a Worksite Partner. If you have any questions or require assistance in completing your application, please call **(302) 395-5624**.

*** = Required** Completed applications may be submitted via email to Michael.Begatto@newcastlede.gov

Worksite Partner Information and Primary Business Address

Agency/Company

*Organization Name: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

Website: _____

*Organization Type: Community-Based/Non-Profit Private Sector
 Public Sector Government

* Industry Sector: _____

*Have you partnered with New Castle County Youth Workforce Development Program in the past?

Yes No

*If yes, please check past years in which you participated as a host employer:

2021 2020 2019 2018 2017 Prior to 2017



Primary Contact Information

This is the individual who will be contacted by NCC regarding all matters related to your agency/company's participation in YWDP.

*Full Name: _____

*Title: _____

*Email: _____

*Primary Phone: _____ Ext: _____

*Fax: _____ Secondary Phone: _____

*Is this contact person working directly with the youth? Yes No Unsure

*If no, please list the person working directly with the youth below.

Secondary Contact Information

This is the individual who will be contacted by NCC regarding all matters related to your agency/company's participation in YWDP if your Primary Contact is unavailable.

*Full Name: _____

*Title: _____

*Email: _____

*Primary Phone: _____ Ext: _____

*Fax: _____ Secondary Phone: _____

*Is this contact person working directly with the youth? Yes No Unsure



If your organization has multiple locations, please list all locations youth will be assigned, with address, and on-site supervisor name, phone number, and email

1) Site: _____

On-Site Supervisor: _____

Title: _____

Primary Phone: _____ Ext: _____

Email: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

2) Site: _____

On-Site Supervisor: _____

Title: _____

Primary Phone: _____ Ext: _____

Email: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

3) Site: _____

On-Site Supervisor: _____

Title: _____

Primary Phone: _____ Ext: _____

Email: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____



Worksite Partner Employer Staff Needs

*For each position available at your site, please provide as an attachment a more detailed description of work youth employees will be performing during their work experience. Please include the following information:

1. Job Title:

2. Title of Person Youth Will Report:

3. Potential Number of Positions Available for this Job Title:

4. Minimum Age Required for this Position:

5. Description of Work / Job Duties:

6. Description of Specific Skills Required (if any) for this Position (computer or written communication skills, customer service, math, etc.):

7. Dress Requirement?

8. Anticipated Days and Hours of Operation for this Position:



Additional Information

Please tell us a little more about your agency/company. This information will help us to better serve you throughout our partnership. Please check all that apply to your agency/company.

My organization is interested in providing youth employment opportunities:

- Year-round (12 months) Summer (June – Aug) Both Summer and Year-round

- My organization can offer a virtual work assignment opportunity for assigned youth participants.

- My organization can provide a computer or laptop with internet capability for youth participants to utilize to attend potential required training and workshop sessions.

- My organization is unable to provide a personal computer or laptop but can provide internet accessibility and appropriate space for youth to utilize their own personal computer or laptop device to attend potential required training and workshop sessions.

- Participating youth are required to attend a mandatory orientation/training with the organization as a requirement of working with our agency/company.

- My agency/company runs special programs during the summer which will require the youth to assist with (Summer Camp, Computer Classes, Programs for Special Needs, etc.).

- Participating youth may be required to work from different sites within my agency/company.

- Participating youth will be working with children, seniors or other vulnerable populations as a part of their assigned duties.

In order to work at my organization, participating youth are required to have (check all that apply):

- Background check Drug Screening



Memorandum of Understanding Between New Castle County Department of Community Services and Youth Workforce Development Program Worksite Partner

This Memorandum of Understanding (MOU) establishes a partnership between the New Castle County Department of Community Services (County) and the worksite partner (partner) to administer the Youth Workforce Development Program (YWDP).

I. Purpose and Scope of the Youth Workforce Development Program

New Castle County and its partners will prepare youth for participation in the labor force by providing meaningful work placements and training that will result in increased employment and earnings, increased educational and occupational skills credentials, and decreased welfare dependency, thereby improving the quality of the workforce and enhancing its productivity and competitiveness.

The Target Population for the Youth Workforce Development Program will be youth meeting the following eligibility criteria:

- Is age 14-20
- Is a low-income individual defined by funding source requirements
- Or has been selected as a percentage of Youth Workforce Development Employees not required to meet income eligibility standards

II. Responsibilities

The partner organization will appoint a person to serve as the official contact and coordinator of all activities associated with carrying out this MOU. The partner will work directly with:

- Michael Begatto Jr.
New Castle County Department of Community Services
Gilliam Building
77 Read's Way
New Castle, DE 19720
(302) 395-5624
Michael.Begatto@newcastlede.gov
- Assigned YWDP Coordinator

New Castle County will:

- Develop service strategies for each participant that identifies work readiness, employment goals, appropriate achievement objectives and appropriate services for the participant.
- Compensate youth participants at the County's minimum wage (\$12.50 as of Jan. 2022).
- Monitor and conduct on-site visits with youth and site supervisors.
- Provide supportive services during the program.



Partner organization will:

- Provide the following for each position:
 - Job descriptions
 - Responsibilities
 - Performance targets
- Ensure that all direct supervisors where youth will be placed attend the employer orientation and training prior to the start of the YWDP program.
- Place youth in meaningful employment opportunities.
- Help youth acquire the personal attributes, knowledge and skills needed to obtain a job by providing mentorship within the workplace.
- Provide adequate supervision to ensure a safe and successful work experience.
- Provide leadership development opportunities which encourage responsibility and other positive social behaviors.
- Prepare and submit timely reports to the County as required, not limited to timesheets, evaluations and surveys.
- Comply with all State and Federal labor laws and standards.
- Assist with payroll documentation including proofing for accuracy, approval, maintaining copies, and submission of timesheets every **Friday by Noon.**

III. Indemnification

Partner shall defend and indemnify and hold harmless the County of New Castle, its Departments, and their respective managers, officers, employees, board members, elected or appointed officials, agents and representatives, from and against all third party allegations, claims, actions, suits, demands, damages, liabilities, obligations, losses, settlements, judgments, costs and expenses (including without limitation reasonable attorneys' fees and costs) which arise out of or, relate to (1) death or bodily injury or (2) loss of or damage to real property resulting from any negligent act or omission or willful misconduct of Partner or its directors, officers, employees, agents, stockholders, affiliates, and subcontractors.

IV. Insurance

The County is required to provide workers' compensation coverage for each Summer Youth Employee as part of the County's workers' compensation program. Partners are responsible, at their cost, for obtaining the following insurance coverage and providing proof of same to the County at least thirty (30) days before the start of the YWDP:

- **Commercial General Liability Insurance** in an amount not less than \$1,000,000 combined single limit, per occurrence, and \$2,000,000 aggregate. New Castle County should be identified as an additional insured under the policy.
- **Automobile Liability:** If vehicles or mobile equipment are used in the performance of the YWDP, automobile liability coverage in an amount not less than \$1,000,000 per occurrence for bodily injury and property damage, including owned, hired and non-owned vehicle coverage.



V. Terms of Understanding

This MOU is valid for one year from the below noted approval date. This agreement may be extended upon written mutual agreement. It shall be reviewed upon request by either party to ensure that it is fulfilling its purpose and to make any necessary revisions.

Either organization may terminate this MOU upon thirty (30) days written notice without penalties or liabilities.

IV. Authorization

The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated in the MOU.

Name

Date

Title

Organization/Business

Carrie Casey

General Manager

Dept. of Community Services

Date