

2019 WORKSITE APPLICATION  
SUMMER YOUTH EMPLOYMENT PROGRAM  
WINNEBAGO TRIBE OF NEBRASKA

ORGANIZATION \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

OFFICE/REGULAR HOURS \_\_\_\_\_

ASSIGNED SUPERVISOR(S) \_\_\_\_\_

**\*\*A WORKSITE SUPERVISOR MUST BE AVAILABLE AT ALL TIMES\*\***

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NUMBER OF YOUTH REQUESTED \_\_\_\_\_ AGE PREFERRED \_\_\_\_\_

REQUESTED WORK SCHEDULE \_\_\_\_\_

YOUTH JOB TITLE(S) \_\_\_\_\_

DO YOU HAVE ANY REGISTERED SEX OFFENDER EMPLOYED WITH YOUR ORGANIZATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE INCLUDE ANY DETAILED TRAINING PLANS AND/OR SPECIAL REQUESTS:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE IDENTIFY ANY FIELD TRIP(S) THAT MAY BE PLANNED FOR YOUR REQUESTED YOUTH . . . AND AVAILABLE FUNDING SOURCE, IF APPLICABLE:

\_\_\_\_\_  
\_\_\_\_\_

**\*\*ALL PROPOSED WORKSITE FIELD TRIPS MUST BE REQUESTED IN ADVANCE, AND BE APPROVED BY THE SUMMER YOUTH EMPLOYMENT PROGRAM COORDINATOR\*\***

IF REGULAR ASSIGNED WORK IS OUTDOORS, WHAT ARE THE CONTIGENCY PLANS FOR INCLEMENT WEATHER?

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PLEASE DESCRIBE ANY POSITIONS OR TYPE OF WORK WITHIN YOUR ORGANIZATION THAT MAY ACCOMMODATE YOUTH WITH EITHER A PHYSICAL OR MENTAL LIMITATIONS:

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IS YOUR WORKSITE ASSESSIBLE TO YOUTH WITH A PHYSICAL HANDICAP? \_\_\_\_\_

HAVE YOU PREVIOUSLY PARTICIPATED IN THE SUMMER YOUTH PROGRAM? \_\_\_\_\_

IF YES, PLEASE COMMENT ON YOUR PAST EXPERIENCES:

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I UNDERSTAND THAT THIS APPLICATION IS ONLY A REQUEST FOR UTILIZING OUR ORGANIZATION AS POTENTIAL WORKSITE FOR THE SUMMER YOUTH EMPLOYMENT PROGRAM. WHILE EVERY EFFORT WILL BE MADE TO MEET MOST REQUESTS FOR SUMMER WORKERS, SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE ENROLLEES WILL BE PLACED OR BE AVAILABLE. IT IS MY UNDERSTANDING THAT THE SUMMER YOUTH EMPLOYMENT PROGRAM WILL NOTIFY ME AS TO THE STATUS OF THIS APPLICATION.

AUTHORIZED ORGANIZATION SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Check the box and sign if you are not interested in being a worksite and return to the Higher Education Office.

**WORKSITE JOB DESCRIPTION  
SUMMER YOUTH EMPLOYMENT PROGRAM 2019  
WINNEBAGO TRIBE OF NEBRASKA**

JOB TRAINING TITLE:

WORKSITE LOCATION:

IMMEDIATE SUPERVISOR:

SECONDARY SUPERVISOR:

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SUMMARY OF POSITION:

SPECIFIC DUTIES AND RESPONSIBILITIES:

- 1.
- 2.
- 3.
- 4.
- 5.

MINIMUM QUALIFICATIONS:

- 1.
- 2.
- 3.
- 4.
- 5.

**YOUTH WORKER BI-WEEKLY EVALUATION (2019)**  
**SUMMER YOUTH EMPLOYMENT PROGRAM**  
**WINNEBAGO TRIBE OF NEBRASKA**

Participant \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Worksite \_\_\_\_\_

Evaluate on a scale of one (1) – five (5) Pay Period Evaluated \_\_\_\_\_

	(1)Unsatisfactory	(2) Poor	(3) Satisfactory	(4) Good	(5) Excellent
1. Is reliable and punctual as documented by attendance records.	1	2	3	4	5
2. Dresses and grooms appropriately for the job performed.	1	2	3	4	5
3. Understands and completes assigned tasks.	1	2	3	4	5
4. Accepts guidance and criticism and learns from it.	1	2	3	4	5
5. Follows established rules and policies for the worksite.	1	2	3	4	5
6. Demonstrates a willingness to learn and adjust to new tasks.	1	2	3	4	5
7. Maintains constructive relationships with supervisor and co-workers	1	2	3	4	5
8. Shows responsibility and pride in job performance.	1	2	3	4	5
9. Shows ability to communicate effectively on the job.	1	2	3	4	5
10. Demonstrates initiative in doing the job.	1	2	3	4	5
11. Overall performance rating of the job assigned.	1	2	3	4	5

(Additional Comments) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Participant Signature**