

WINNEBAGO TRIBE OF NEBRASKA
SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP) 2026
****WORKSITE REQUEST FORM****

ORGANIZATION _____ PHONE _____

LOCATION _____

NATURE OF BUSINESS _____

OFFICE HOURS _____

ASSIGNED SUPERVISOR(S) _____

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

NUMBER OF YOUTH REQUESTED _____ AGE PREFERRED _____

REQUESTED WORK SCHEDULE _____

YOUTH JOB TITLE(S) _____

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

PLEASE IDENTIFY ANY FIELD TRIP(S) THAT MAY BE PLANNED FOR YOUR YOUTH WORKER(S):

****ALL PROPOSED WORKSITE FIELD TRIPS MUST BE REQUESTED IN ADVANCE, AND BE APPROVED BY THE HIGHER EDUCATION DIRECTOR/SYEP****

IF REGULAR ASSIGNED WORK IS OUTDOORS, WHAT IS THE PLAN FOR INCLEMENT WEATHER?

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

IS YOUR WORKSITE ASSESSIBLE TO YOUTH WITH A PHYSICAL HANDICAP? _____

HAVE YOU PREVIOUSLY PARTICIPATED IN THE SUMMER YOUTH PROGRAM?
_____ YES _____ NO

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

I UNDERSTAND THAT EMPLOYMENT IS FOR THE YOUTH AND CERTIFY THAT THERE ARE PROTECTIONS IN PLACE FOR YOUTH TO BE SAFE IN THEIR WORKPLACE WHICH INCLUDES NO SEX OFFENDERS ON SITE DURING THE YOUTH'S WORK EXPERIENCE.

AUTHORIZED SIGNATURE _____

TITLE _____ DATE _____

***please return application to: education@winnebago-tribe.com or patrice.bass@winnebago-tribe.com or you may drop off at the Higher Education Program office mailbox*

****SUPERVISOR ORIENTATION WILL BE COMPLETED RIGHT AFTER THE SYEP JOB FAIR AT THE WPS PRACTICE GYM****

WORKSITE JOB DESCRIPTION
SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP) 2026
WINNEBAGO TRIBE OF NEBRASKA

JOB TRAINING TITLE:

WORKSITE LOCATION:

IMMEDIATE SUPERVISOR AND PHONE:

SECONDARY SUPERVISOR AND PHONE:

SUMMARY OF POSITION:

SPECIFIC DUTIES AND RESPONSIBILITIES:

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

MINIMUM QUALIFICATIONS:

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