



TANF SYEP Worksite Application
 Department of Social Services
 Division of Family Independence | Comprehensive Employment Division
 B-5795 (4/2021)

Organization/Business Name		
Organization/Business Address	City	Zip Code
Youth Work Location, if different		
Primary Contact Name	Phone Number	Email Address

Employment Sector
 Public Private Non-Profit

Is your organization/business available to host a youth 7/12/21 - 8/27/21? Yes No

Number of youth your organization/business is able to host this summer while maintaining social distancing guidelines and health and safety protocols? _____

Number of staff you have available to supervise youth participants? _____
** Supervisor to Youth ratio must be 1 adult supervisor to 10 youth.*

Have you been a SYEP employer worksite in the past? Yes No

Does your organization have previous experience working with youth? Yes No

If so, please explain: _____

Organization/Business Occupational Sector

<input type="checkbox"/> Arts & Recreation	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Camp	<input type="checkbox"/> Healthcare/Medical	<input type="checkbox"/> Media/Entertainment
<input type="checkbox"/> Community/Social Service	<input type="checkbox"/> Hospitality/Tourism	<input type="checkbox"/> Retail
<input type="checkbox"/> Day Care	<input type="checkbox"/> Information & Technology	<input type="checkbox"/> Transportation
<input type="checkbox"/> Educational Services	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Other _____
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Maintenance/Custodial	

Is this a Child Care related worksite? Yes* No
**If yes, you are responsible for ensuring that all youth participants submit to finger printing in accordance with New York State law and OCFS child care regulations and that all required background checks are conducted.*

Description of the type of job duties a youth will be doing with your organization/business:				
Job Duties <small>(Must demonstrate that a genuine work experience will be provided.)</small>	# Youth Requested	Age for these Job Duties		
		14-15 yrs old	16-17 yrs old	18+
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Requirements (e.g.: age, experience, etc.): _____

Are you able to host youth who have limited English proficiency? Yes No

If yes, what languages can you support? _____

Are you able to host youth who have a learning disability? Yes No

Are you able to host youth who have a physical disability? Yes No

Schedule of hours available for youth participation (e.g. 9am-5pm)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy and to provide all employees with sexual harassment prevention training. Model sexual harassment prevention policy language and training materials are available on the DOL website at: <https://www.ny.gov/combating-sexual-harassment-workplace/employers>.

Has your organization/business adopted a sexual harassment prevention policy in compliance with NYS requirements? Yes No

The safety of SYEP participants is essential. All workplaces settings must comply with health and safety regulations and adhere to state and federal guidance related to COVID-19, including sector specific business guidance. Additional steps required include those related to social distancing, facility cleaning and disinfecting, the wearing of face coverings and practicing of proper hygiene. All SYEP placements must comply with current Center for Disease Control and New York State Department of Health COVID-19 guidelines and ensure a safe work environment for participants.

I understand that by submitting this Worksite Application, I am not guaranteed participation in the SYEP as a worksite. I will be notified by the community agency to complete the necessary documents and to schedule the mandatory orientation to finalize my participation as a worksite. I hereby certify that all information provided in this application is accurate and complete.

Please enclose a copy of W-9 or 501(c)(3) certification, required to participate in program

Signature of Worksite Supervisor	Title	Date
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Return Completed Form to:
Erie County Department of Social Services
Comprehensive Employment Division
290 Main Street-10th Floor
Buffalo, NY 14202

Questions? Contact Andrea DeRousseau at 716-858-1348