



**TANF SYEP Worksite Application**  
 Department of Social Services  
 Division of Family Independence | Comprehensive Employment Division  
 B-5795 (4/2024)

Organization/Business Name								
Organization/Business Address				City		Zip Code		
Youth Work Location, if different								
Primary Contact Name				Phone Number		Email Address		
Employment Sector <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non-Profit								
Is your organization/business available to host a youth 7/8/24 - 8/30/24?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of youth your organization/business is able to host this summer while maintaining health and safety protocols? _____								
Number of staff you have available to supervise youth participants? _____								
<i>* Supervisor to Youth ratio must be 1 adult supervisor to 10 youth.</i>								
Have you been a SYEP employer worksite in the past?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your organization have previous experience working with youth?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please explain: _____								
Organization/Business Occupational Sector <input type="checkbox"/> Arts & Recreation <input type="checkbox"/> Food Service <input type="checkbox"/> Maintenance/Custodial <input type="checkbox"/> Camp <input type="checkbox"/> Government Agency <input type="checkbox"/> Manufacturing <input type="checkbox"/> Community/Social Service <input type="checkbox"/> Healthcare/Medical <input type="checkbox"/> Media/Entertainment <input type="checkbox"/> Child Care <input type="checkbox"/> Hospitality/Tourism <input type="checkbox"/> Retail <input type="checkbox"/> Educational Services <input type="checkbox"/> Information & Technology <input type="checkbox"/> Transportation <input type="checkbox"/> Financial Services Retail <input type="checkbox"/> Legal Services <input type="checkbox"/> Other								
Is this a Child Care related worksite?						<input type="checkbox"/> Yes* <input type="checkbox"/> No		
<i>*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.</i>								
<b>Description of the type of job duties a youth will be doing with your organization/business:</b>								
<b>Job Duties</b> <small>(Must demonstrate that a genuine work experience will be provided.)</small>				<b># Youth Requested</b>		<b>Age for these Job Duties</b>		
						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?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what languages can you support? _____								
Are you able to host youth who have a learning disability?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to host youth who have a physical disability?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Schedule of hours available for youth participation (e.g. 9am-5pm)</b>								
	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 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

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 Janet Santiago Rosario at 716-858-1026