

**ABCD SUMMERWORKS AND CAREER EXPLORATIONS 2010  
WORKSITE APPLICATION**

**ACTION FOR BOSTON COMMUNITY DEVELOPMENT, INC**  
200 Tremont Street, Boston, MA 02111  
617-348-6546



Application No. \_\_\_\_\_

**ORGANIZATION**

I.R.S. Tax Exempt # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(city) (zip code)

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CAREER TRAINING**

**What type of career development, educational activities or life skills activities can you provide for enrollees placed at your agency?** Please check off trainings your organization offers and describe the types of activities involved. (i.e. – resume writing, budgeting workshops, college field trips, etc.)

\_\_\_\_\_ Job Readiness: \_\_\_\_\_

\_\_\_\_\_ Conflict Resolution: \_\_\_\_\_

\_\_\_\_\_ Financial Literacy: \_\_\_\_\_

\_\_\_\_\_ Life Skills: \_\_\_\_\_

\_\_\_\_\_ Higher Education: \_\_\_\_\_

\_\_\_\_\_ “Green” Education: \_\_\_\_\_

\_\_\_\_\_ Career Exploration: \_\_\_\_\_

**SIGNATURE**

Name of Person Completing this Form: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2010

FOR INTERNAL USE ONLY:

# ABCD SUMMERWORKS AND CAREER EXPLORATIONS 2010 YOUTH JOB DESCRIPTION

A separate job description must be submitted for each job title.  
Please make copies as needed.



Application No. \_\_\_\_\_

## JOB INFORMATION

Job Title: \_\_\_\_\_

**A. Indicate the minimum and maximum number of participants requested for the job title above (choose only ONE job category for each job title, and attach additional sheets for other job titles):**

- |                           |                       |                              |                       |
|---------------------------|-----------------------|------------------------------|-----------------------|
| 1. Office work/computers  | min. _____ max. _____ | 5. Recreation/day camp       | min. _____ max. _____ |
| 2. Day care               | min. _____ max. _____ | 6. Food service              | min. _____ max. _____ |
| 3. Arts/theater/photo     | min. _____ max. _____ | 7. Library/writing/tutor     | min. _____ max. _____ |
| 4. Health care/elder care | min. _____ max. _____ | 8. Outdoor/maintenance       | min. _____ max. _____ |
| 9. Peer Leader            | min. _____ max. _____ | 10. Customer Service/ Retail | min. _____ max. _____ |

**B. Do you have sufficient equipment/supplies for the participant(s) to perform assigned duties?**

Is the proposed worksite wheelchair accessible? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the participant(s) be involved in outdoor activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you have an alternate plan for bad weather? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the plan(s) for bad weather: \_\_\_\_\_

## JOB SKILLS

Skills to be acquired through this Job Placement:

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

Career Exploration Opportunities: (exposure to other job positions, field trips, guest speakers)

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

## CONTACT INFORMATION

**EXACT** Location Where Participant(s) will be working:

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Direct Supervisor: \_\_\_\_\_ (city) \_\_\_\_\_ (zip code)  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Direct Supervisor's Alternate: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SCHEDULE

Please indicate the work schedule for this position. Participants may NOT work more than 20 paid hours per week. Youth are NOT paid for their lunch time.

Monday	Tuesday	Wednesday	Thursday	Friday
Start time: _____	Start time: _____	Start time: _____	Start time: _____	Start time: _____
End time: _____	End time: _____	End time: _____	End time: _____	End time: _____