2000 Summer YouthForce Program Application
841 South 41st Street
San Diego, CA 92113
(619) 263-7761 Fax (619) 263-6398
Please submit your completed application to Linda Olvera at MC 0923 by July 6, 2000

Worksite Training Plan /Description Information

Worksite: ____________________________________________
Worksite Address: __________________________________
Supervisor: ___________________________ Phone: ________________________________
(Please Print)

PLEASE DUPLICATE FORM IF YOU HAVE MORE THAN ONE JOB TITLE

Job title: ___________ # of Positions Requested: __________________
Job Description:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Special Training to be provided by worksite:
________________________________________________________________________
________________________________________________________________________

Please list 5 to 7 primary job-specific skills the participants will learn by the end of the training. Primary job-
specific skills encompass the proficiency to perform actual tasks and technical functions required by certain
occupational fields at entry, intermediate or advanced levels.
1) ___________________________ 2) ___________________________ 3) ___________________________
4) ___________________________ 5) ___________________________ 6) ___________________________
7) ___________________________

Please list 3 to 5 secondary job-specific skills the participants will learn by the end of the training. Secondary
job-specific skills entail familiarity with the use of set-up procedures, safety, work-related terminology,
record keeping and paperwork formats, tools, equipment and materials, and breakdown and clean-up
routines.
1) ___________________________ 2) ___________________________ 3) ___________________________
4) ___________________________ 5) ___________________________

If position required youth over age 14 please justify: ______________________________________

Supportive Services or Special safety Equipment required (tools, safety glasses, etc.)
________________________________________________________________________
________________________________________________________________________

Is Worksite accessible to the Handicapped? Yes _____ or No ______

Ratio of Supervisors to participants: _________ Is Bilingual Supervision Available? ____Yes ____No

Language

Thurs. Fri. Sat
Lunch: From _______ To _______ (please circle days)

Can these hours be changed to afternoon hours to accommodate youth that attend school in the morning?
Yes _____ or No ______

Please keep in mind that training should integrate work-based learning. In addition it should integrate
occupational and academic learning. Worksites should include a planned program of job training and
experiences, including skills to be mastered that are relevant to this occupation and broad instruction in a
variety of elements for the industry.

_________________________________    ________________________
Worksite Representative Signature/Date   Title