

North Central Wisconsin School-to-Career Partnership APPLICATION PORTFOLIO FOR YOUTH APPRENTICESHIP PROGRAM

Have you discussed the commitment of an apprenticeship with your parents/guardians? Do you understand that <u>applying</u> for an apprenticeship <u>does not guarantee a placement</u>? If hired, will you be available to work before, during or after school? How about weekends, holidays and over the summer? Are you enrolled in the appropriate related coursework at school and/or NTC? If you're interested in a Health YA, have you talked about the cost of the CNA class and Pearson Vue test with your YA coordinator?

Every student interested in participating in Youth Apprenticeship should submit an application portfolio. Portfolio contents should be presented in the following order:

1. A completed Application Form (attached)

In addition to personal information, this form requests information about your GPA, rank in class, and a statement by your local YA coordinator verifying your attendance record during your high school years.

- 2. A <u>cover letter</u> which answers the following questions:
 - a. Why are you interested in the Youth Apprenticeship Program?
 - b. How do your career interests relate to the apprenticeship program area for which you are applying?
 - c. Why do you think you should be considered as an apprentice?
 - d. What is your long-term career goal?
- 3. A resume which includes:
 - a. Courses and/or training you have completed that support your qualifications for the Youth Apprenticeship Program (for example, CPR certification, what levels of CPR, etc.)
 - b. Your activities outside the classroom (i.e. sports, clubs/organizations, community activities, leadership positions)
 - 1) Volunteer experiences (especially those that relate to your career interest and YA program of interest)
 - 2) Career exploration experiences (Job shadowing, Internship classes, Health Academy, summer career camps)
 - c. Any employment information (including employer's name/contact information, dates of employment, work tasks, etc.)
- 4. A completed Student Understanding of Youth Apprenticeship Commitment Form (attached)
- 5. <u>Three recommendations</u> (copy and use the <u>attached</u> form):

At least one recommendation from someone <u>within the school setting</u> (a teacher, counselor, principal, adviser of student organization, coach, etc.) and one from within the community (business owner, volunteer organization coordinator, job supervisor, etc.)

A relative may provide a recommendation for you only if that relative has observed/supervised you in a paid work setting.

6. A completed Parent Information Certification and Release Form (attached)

Additional documents that may be required by your school district include:

- 1. A copy of your birth certificate (if a Health Services YA without a driver's license during your Nursing Assistant class)
- 2. A copy of your social security card (if a Health Services YA taking the Nursing Assistant class)
- 3. A copy of your valid driver's license
- 4. A copy of insurance for the vehicle you will use when driving from school to work site
- 5. A signed parent agreement regarding transportation liability, as required by your local school district. (See your YA Coordinator for your school's form.)

If these documents are requested, they should be given to the YA Coordinator at your high school, not included in your Portfolio.



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Please indicate Youth Appr	enticeship program that	matches your career	interest:		
Agriculture	Architecture &	Finance	Graphics		
Farm	Construction	Banking	Marketin		Helpdesk
Vet Landscape	Carpentry Electrical	Accounting			Hardware/Networking Software
Greenhouse	Masonry/Concrete		Mercha	indising	Web/Digital Media
Water Resources	Mechanical/HVAC			ch/Competitive Intelligence	
Water Resources	Plumbing/Sprinkler F	itting		ement/Leadership	
Health	Hospitality	Manufacturing	Engineering	Transport	ation
CNA	Restaurant		(STEM)	Auto Teo	ch
Dietary	Lodging			Auto Col	llision
Medical Office	Tourism			Diesel T	ech
Optometry				Logistics	5
Pharmacy					
Dental					
CNA applicants ONLY:					
Date of CPR for the Healthcare Prov	ider Certification, if completed	Level of C	PR for the Healthcare F	Provider Certification, if comp	oleted
Student Name					
Address		City		State	ZIP
Home Phone	Cell Phone_		Email		
High School					
Anticipated High School G	raduation year	Current Grad		Date of Birth(Health apprentices must be	16 years old by June 1)
Is your vehicle insurance u	p to date?Yes	No		(Treater apprentices must be	e to years old by Julie T
Name of your insurance co	ompany				
Start and end dates for you	ur current vehicle insura	nce coverage			
••••••••••••••••••••••••••••••••••••••		********	Vouth Appropriate		• • • • • • • • • • • • • • • • • • •
discuss ways in which that		-		-	
Have you ever be	en convicted of a crime	or do you currently h	ave criminal cha	rges pending?	
Have you had a tr	affic offense charged ag	ainst your current di	iver's license?		
(Note: Convictions and/or pending c which you are applying.)	• •			onsidered as they relate to th	he program area for
Student Signature			Date:		
Student Signature	*****	*******			*******
Verification of GPA and A					
			-		
Current cumulative GPA as o					<u>·</u>
Number of days missed durin	g rresnman year:		excused	_unexcused	
Number of days missed durin	g sophomore year:		excused	_unexcused	
Number of days missed durin Number of days missed durin	g junior year, if applicable:	:	excused	_unexcused	
Youth Apprenticeship Coor	dinator Signature			Date	



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STUDENT UNDERSTANDING OF YOUTH APPRENTICESHIP TIME COMMITMENT

<u>I understand that a Youth Apprenticeship requires a time commitment beyond that of a typical high school student</u>. I will be asked to provide my work site with specific hours and days that I will be available to work. I understand that timely communication with my work site mentor regarding unplanned changes in my personal schedule is extremely important.

Below is a list of the other extracurricular activities (sports, musical, band, etc.) in which I plan to participate as well as a summarized timeline for each activity. I am providing as much information as I have available and being as specific, regarding activities and timelines, as I possibly can at this time.

Sport or Activity	General Timeframe (months)	Expected Time of Day/Hours for Practice and/or Competition
Example: Football	August through November	Practice every day from 3-7pm, game every Friday
Example: Musical	February through April	Rehearsal MWF from 5-9 pm, performances on Thursday through Sunday, April 6-9

Summer Vacations or Obligations Planned:

Example: I am going on a family vacation from July 1-8 and am attending basketball camp from August 10-16

A Youth Apprentice must complete 450 total work hours during the year, which usually includes summer work scheduling. This means that a typical Youth Apprentice averages 10-12 hours per week to their job during the school year, and often more time during the summer.

As a Youth Apprentice, I agree to:

- Maintain the academic and attendance requirements required by the Youth Apprenticeship Partnership, my school, and my work site;
- · Observe company and school rules and other requirements identified by the employer; and
- Participate in progress reviews scheduled with mentors, school personnel and parent(s) or guardian(s).

Student Signature	Date	
Parent Signature	Date	_



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APPLICATION PORTFOLIO FOR YOUTH APPRENTICESHIP PROGRAM

STUDENT RECOMMENDATION FORM

To Accompany Youth Apprenticeship Application

Student Name

Grade

The student named above is applying for a/an _____ Youth Apprenticeship Program.

The following checklist is provided for those who know this student well enough to provide an accurate assessment of him/her. We hope that it will provide a convenient method to describe the candidate in summary fashion. If you are a relative of this student, please do not complete a recommendation unless you have observed/supervised the student in a paid work setting.

	NO BASIS FOR JUDGMENT	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT (TOP 10%)
Academic Performance/ Quality of Work					
Responsibility					
Attitude					
Effort					
Honesty					
Dependability					
Teamwork/Cooperation					
Problem Solving					
Attendance					
Would you hire this student to work for you? Yes No Maybe					

Please provide specific examples of outstanding performance by this student applicant. Other comments that indicate your estimation of this student's gualifications for this program would be appreciated.

Name _____ Relationship to Applicant Signature Position/Subject Taught or Date Organization/Business Represented PLEASE RETURN TO:



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PARENT INFORMATION CERTIFICATION AND RELEASE FORM

To Accompany Youth Apprenticeship Program Application

Student's Nam	e			
I. PARENT IN	FORMATION			
Father's name	9	Daytime Phone		
Mother's nam	e	Daytime Phone		
Guardian's na	me	Daytime Phone		
Name and ad	dress of person with whom student resides			
Parent's addr	ess, if different than student's address			
II. PARENT CE	RTIFICATION AND RELEASE			
Initial	I certify that the facts contained in this application are that, if my student is selected for the Youth Apprentic			
Initial	I authorize investigation of all statements contained herein and the references listed in this application and all information concerning previous employers, and release all parties from liability for any damage that may result from furnishing those to you.			
Initial	I understand that all tuition/fees/textbook costs for any college coursework at NTC not covered by the school district or work site but required for my child during his/her youth apprenticeship program will be my family's responsibility.			
Initial	I understand that, any time the work site agrees to pay for costs related to a required college course, it is with the understanding that my child passed the course and any certification testing required for working in the specific industry. Otherwise, the related costs will be my family's responsibility.			
Initial	I understand that a parent or guardian must attend, along with my child, any orientation session that may be required for the Youth Apprenticeship program for which my child wishes to apply.			
Initial	I authorize the release of transcripts of grades and attendance record.			
Initial	I authorize the Youth Apprenticeship Coordinator the use of written or oral testimonials and photographs and/or videotapes with my child's image in Youth Apprenticeship and NTC publications and/or news releases.			
Initial	I understand that I am solely responsible for the transportation of the undersigned student to and/or from the classroom or the work site and for all loss involved in said transportation.			
Initial	I certify that the student has a valid driver's license and adequate car insurance (necessary only in those cases where student will be driving to work site.)			
Student Signat	ure	Date		

Parent/Guardian Signature