



## **CITY OF PENSACOLA SUMMER YOUTH INTERN PROGRAM (SYIP)**

The City of Pensacola Summer Youth Intern Program (SYIP) is sponsored by the City of Pensacola and administrated by its Neighborhood Services Office. Youth 16- to 24-years old, who reside within Escambia County, Florida, will have the opportunity to work in one of the various participating city departments for a term of eight (8) weeks during the summer months.

Please review the entire application packet thoroughly, complete all forms and submit all required information.

**Please submit completed application packet, in person at**

**City of Pensacola**

**Neighborhood Services Office**

**222 W. Main Street**

**Pensacola, Florida 32502**

**by 4:00 pm, Friday, May 19, 2023**

**READ CAREFULLY**

**NOTE: Incomplete application packets will not be considered.**

**For program inquiries or for additional information, call 850-435-1682**



## CITY OF PENSACOLA SUMMER YOUTH INTERN PROGRAM (SYIP)

### PROGRAM REQUIREMENTS

A limited number of eligible applicants will be selected and offered a position in the City of Pensacola Summer Youth Intern Program to ensure maximum supervision levels.

1. **Must submit complete application packet, including all required supporting documentation, by the application deadline: 4:00 pm Friday, May 19, 2023.**
2. Must reside within Escambia County, Florida at the time of application and for the duration of program participation.
3. Must complete up-front job readiness preparatory training class on **Friday, June 2, 2023.**
4. Must complete post-employment debriefing session on **Friday, July 28, 2023.**
5. Must not have any felony convictions.
6. Must be recommended in writing on the official letterhead of the institution the intern attends.
7. Must be 16- to 24-years-old at the time of enrollment.
8. Must show proof of identity (Examples: state issued driver's license or ID card/current school photo ID).
9. Must show proof of address.
10. If under the age of 18, the applicant must have parental consent to be considered for participation in the program.
11. Must meet hiring criteria of the temporary employment agency.

**Incomplete application packets and application packets submitted after the deadline will not be considered.**



## **ABOUT THE CITY OF PENSACOLA SUMMER YOUTH INTERN PROGRAM**

Youth 16- to 24-years-old who reside within Escambia County, Florida, and desire to participate in the City of Pensacola Summer Youth Intern Program will be provided an opportunity to gain meaningful work experiences designed to prepare them for today's workforce. The overall intent of the program is to promote career development while providing paid on-the-job work experience.

Providing relevant skills for the work industry at this early age will impress upon the minds of the youth that work is beneficial, necessary and will provide financial sustainability not only for themselves and their families but also to the economic growth and well-being of their community.

Program participants may work up to 20 hours per week.

### **APPLICATION INSTRUCTIONS**

**Please complete all items listed below and submit them with the application packet.**

#### **APPLICATION PACKET CHECKLIST**

##### **1. Application**

- Completed Part A
- Completed Part B (Parent/Guardian signature required if under 18 years old)
- Submitted a letter of recommendation

##### **2. Waiver form**

- Signed and notarized Waiver and Release of Liability with parent or guardian signature (if under 18)

**OR**

- Signed and Notarized Waiver and Release of Liability (18 years and older)

##### **3. Program policies**

- Signed Policies Form with parent or guardian signature (if under 18)

**OR**

- Signed Policies Form (18 years and older)

##### **4. Program requirements**

- School enrollment verification
- Proof of identity (state issued driver's license, state ID card or current school photo ID)
- Proof of current living address (school enrollment, ID, etc.)



**CITY OF PENSACOLA SUMMER YOUTH INTERN PROGRAM (SYIP)  
APPLICATION – PART A**

Certain information contained in this application is a matter of public record subject to disclosure. Any false statement made or given in this application may result in the application being denied. SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ENROLLMENT INTO THE PROGRAM. PROGRAM PARTICIPANTS MUST RESIDE WITHIN ESCAMBIA COUNTY, FLORIDA FOR THE TERM OF PARTICIPATION.

**APPLICANT INFORMATION**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_  
(no P.O. boxes)

Home phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

Email \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender  Male  Female

Last 4 digits of Social Security Number \_\_\_\_\_

Ethnicity (optional - check one)  White (non-Hispanic)  Hispanic/Latino  African American/Black  
 Native American  Asian/Pacific Islander  Other (please list) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Parent/guardian's full name \_\_\_\_\_ Phone number \_\_\_\_\_

Parent/guardian's full name \_\_\_\_\_ Phone number \_\_\_\_\_

Alternate emergency contact person \_\_\_\_\_ Phone number \_\_\_\_\_

**EDUCATION INFORMATION**

School	Name	Currently enrolled (Y/N)	Graduated (Y/N)
High school/GED			
Home schooled			
Vocational/technical			
College			

If you graduated from vocational/technical school, what was your area of study? \_\_\_\_\_

If you graduated from college, what was your area of study? \_\_\_\_\_

How did you find out about this program?  Radio  Website  School  Other \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

Do you have access to reliable transportation?  Yes  No

Do you need transportation assistance?  Yes  No



**CITY OF PENSACOLA SUMMER YOUTH INTERN PROGRAM (SYIP)**

**APPLICATION – PART B**

**CURRENT/PAST EMPLOYMENT**

1. Employer/company name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Hours per week \_\_\_ Job title \_\_\_\_\_

Job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Employer/company name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Hours per week \_\_\_ Job title \_\_\_\_\_

Job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Employer/company name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Hours per week \_\_\_ Job title \_\_\_\_\_

Job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**SIGNATURES**

I, the undersigned, certify that all information on this form is true and correct. I understand that this information is subject to verification. I agree and accept that I will abide by all applicable rules and regulations of this program.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_  
(if participant is under 18)



**CITY OF PENSACOLA SUMMER YOUTH INTERN PROGRAM (SYIP)  
WAIVER AND RELEASE OF LIABILITY**

**(ADULT – 18 YEARS AND OLDER)**

**PARTICIPANT (please print)**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Age \_\_\_\_ Date of birth \_\_\_\_\_ Last 4 digits of Social Security Number \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

**EMERGENCY CONTACT (please print)**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

I, a SYIP Participant, my heirs and my assigns, do hereby waive, release, and forever discharge any and all actions, liabilities, and claims I may have against the City of Pensacola, its elected officials, its officers, employees, agents, and volunteers, for any injury, loss, or damage to persons or property arising out of or in connection with my participation in the City of Pensacola Summer Youth Intern Program (“Program”), whether arising from the negligence of the City of Pensacola or otherwise, to the fullest extent permitted by law. The City of Pensacola assumes no liability for injury or damages arising from my participation in the Program.

I shall indemnify, defend, and hold harmless the City of Pensacola, its elected officials, its officers, employees, agents, and volunteers, from all actions, liabilities, and claims for injury, loss, or damage to persons or property that may be asserted by any person, firm, or entity arising out of or in connection with my participation in the Program, whether arising from any negligence on the part of the City of Pensacola or otherwise, to the fullest extent permitted by law.

Furthermore, I authorize any medical personnel to administer emergency medical care and/or treatment to me when necessary and accept full responsibility for any costs relating to such care and/or treatment.

**Photo Release:** I hereby authorize the City of Pensacola to use any photograph or likeness of me obtained while participating in the Program for promotional purposes without compensation.

By signing below, I acknowledge that I have read and understand this Waiver and Release of Liability and that I agree to its terms.

Participant’s signature \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF FLORIDA**

**COUNTY OF ESCAMBIA**

BEFORE ME, the undersigned, personally appeared \_\_\_\_\_ (SYIP Participant), ( ) who is personally known to me or ( ) who produced \_\_\_\_\_ as identification, who executed the foregoing and states under penalties of perjury that s/he declares that s/he has read the foregoing and that it is true and correct.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

[NOTARY SEAL]

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
Notary printed name



**CITY OF PENSACOLA SUMMER YOUTH INTERN PROGRAM (SYIP)  
WAIVER AND RELEASE OF LIABILITY**

**(MINOR – UNDER 18 YEARS OLD)**

**PARTICIPANT (please print)**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Age \_\_\_\_ Date of birth \_\_\_\_\_ Last 4 digits of Social Security Number \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

**PARENT/GUARDIAN (please print)**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

**EMERGENCY CONTACT (please print)**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

I, on behalf of myself and my child/ward (“Participant”), our heirs and assigns, do hereby waive, release, and forever discharge any and all actions, liabilities, and claims we may have against the City of Pensacola, its elected officials, its officers, employees, agents, and volunteers, for any injury, loss, or damage to persons or property arising out of or in connection with Participant’s participation in the City of Pensacola’s Summer Youth Intern Program (“Program”), whether arising from the negligence of the City of Pensacola or otherwise, to the fullest extent permitted by law. The City of Pensacola assumes no liability for injury or damages arising from Participant’s participation in the Program.

I, on behalf of myself and Participant, shall indemnify, defend, and hold harmless the City of Pensacola, its elected officials, its officers, employees, agents, and volunteers, from all actions, liabilities, and claims for injury, loss, or damage to persons or property that may be asserted by any person, firm, or entity arising out of or in connection with Participant’s participation in the Program, whether arising from any negligence on the part of the City of Pensacola or otherwise, to the fullest extent permitted by law.

Furthermore, I authorize any medical personnel to administer emergency medical care and/or treatment to Participant when necessary and accept full responsibility for any costs relating to such care and/or treatment.

**Photo Release:** I, on behalf of myself and Participant, hereby authorize the City of Pensacola to use any photograph or likeness of Participant obtained while participating in the Program for promotional purposes without compensation.

By signing below, I acknowledge that I have read and understand this Waiver and Release of Liability and that I agree to its terms.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_



**CITY OF PENSACOLA SUMMER YOUTH INTERN PROGRAM (SYIP)  
WAIVER AND RELEASE OF LIABILITY**

**(MINOR – UNDER 18 YEARS OLD)**

***(CONTINUED)***

**STATE OF FLORIDA**

**COUNTY OF ESCAMBIA**

BEFORE ME, the undersigned, personally appeared \_\_\_\_\_ (SYIP Participant), ( ) who is personally known to me or ( ) who produced \_\_\_\_\_ as identification, who executed the foregoing and states under penalties of perjury that s/he declares that s/he has read the foregoing and that it is true and correct.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**[NOTARY SEAL]**

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
**Notary printed name**





## CITY OF PENSACOLA SUMMER YOUTH INTERN PROGRAM (SYIP) PROGRAM POLICIES

1. If participant is currently in school, must submit current documentation of enrollment.
2. Participant must reside within Escambia County, Florida for the duration of program participation.
3. Participant must pass a drug screening required by the temporary employment agency and work site, if applicable.
4. Participant must pass a criminal background check as set by the temporary employment agency and work site.
5. Participant must abide by all rules, regulations and guidelines of the program, temporary employment agency and work site.
6. Participant must abide by all rules and guidelines regarding workplace safety and confidentiality.
7. Participant must conduct himself/herself in a professional and respectful manner, at all times, while participating in the program. No abuse of any kind (verbal or physical), disrespectful/disruptive behaviors, harassment of any type, unauthorized use of tools or equipment and unauthorized leave will not be tolerated and will be grounds for termination.
8. Possessing, using, or being under the influence of drugs, alcohol or any hallucinogenic is strictly prohibited and will result in termination and is subject to criminal action.
9. The possession or use of a weapon of any type or explosive materials/devices is prohibited while at the work site and will result in termination and is subject to criminal action.
10. Participants must report to work and leave work at assigned times. Unauthorized absenteeism and excessive unexcused tardiness (more than three times) may subject the participant to termination from the program.
11. Participants must abide by all rules of the work site, including dress code policy. Good personal hygiene shall be practiced daily and all attire must be neat, clean, appropriate for the workplace, and in good condition.
12. Participants who commit a crime at any time during program enrollment, at the work site or away from the work site, may be subject to termination from the program.
13. Participant must complete the upfront job readiness classes as well as the post-employment debriefing process in their entirety.

I, \_\_\_\_\_, have read and understand the City of Pensacola Summer Youth Intern Program (SYIP) policy. I have received a copy of this policy and agree to the terms and conditions. I acknowledge that if I fail to abide by this agreement, I may be terminated from the program.

Program participant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature (if participant is under 18) \_\_\_\_\_ Date \_\_\_\_\_