



6TH Youth Leadership Academy Agency Application

Applicant Information

Agency Name: _____ Date: _____

Address: _____
Street Address City State ZIP Code

Person of Contact: _____ Phone Number: _____

Email: _____ Alternative Phone Number: _____

Agency Mission: _____

Vision: _____

Scope of Work: _____

Internship Description

Please list intern responsibilities: _____

List any requirements that intern may need to have in order to fulfill their internship placements: _____

Please name some of the benefits the intern will gain from an internship with your agency: _____

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Agency Availability Requests for Interns

Internship Dates: June 3rd – June 14th

Number of available internship opportunities: _____

By completion of the internship, the intern will have completed 40 hours in two weeks (20 hours per week).

Must be willing to accommodate intern's availability

Monday: **Ex: 8 AM – 12 PM** _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Commitments

Are you a CASP agency? YES NO
 ☐ ☐

Are you able to attend the youth interviews on April 24th from 4:00 PM- 7:00 PM **(MANDATORY)**?

YES NO
☐ ☐

I can attend the youth's internship placement announcement gathering on May 1st from 4:00 PM - 7:00 PM

YES NO
☐ ☐

I am interested in attending the City Council Recognition.

YES NO
☐ ☐

Any Comments/ Questions/ Concerns?

Signature

I understand that I am making a commitment to our Youth Leadership academy and I will keep track of total number of hours each intern completes every day during their internship.

Agency Representative Name

Agency Representative Signature

Date

YLA Coordinator

Date

Application Deadline: Tuesday, April 9, 2019 by 5 PM

Please turn in the application to fernanda.ocana@ci.salinas.ca.us