

# LEVEL-UP!

MENTORING AND WORKFORCE DEVELOPMENT PROGRAM

## Summer Internship 2014

Sponsored by the Office of Mayor-President, Melvin "Kip" Holden

in partnership with

**Big Buddy Program**

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Current 9<sup>th</sup> – 12<sup>th</sup> Graders  
◆◆◆

8-week Internship  
◆◆◆

Earn up to \$1500  
◆◆◆

Professional & Personal Development  
◆◆◆

Cultural Activities  
◆◆◆

Community Service

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**APPLICATION PERIOD: APRIL 1<sup>ST</sup> – APRIL 30<sup>TH</sup>**

Youth will have an opportunity to earn up to \$1,500 while gaining valuable experience in a professional work setting 20 hours a week (Mon – Wed and/or Fri), by completing professional development projects, receiving feedback from weekly evaluations, and attending weekly *Tool Time Thursdays* where they will learn life tools such as time management, money management, proper business attire and work place etiquette.

**All applications should be turned in to the Big Buddy Office via fax, email, or in person by April 30<sup>th</sup> at 5:00 pm.**

**Fax: (225) 346-8441**

**Email: [bigbuddy@bigbuddyprogram.org](mailto:bigbuddy@bigbuddyprogram.org)**

**Office: 1415 Main Street, Baton Rouge, 70802**

QUESTIONS? Call the Big Buddy Office at 225.388.9737

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# Level-UP! Mentoring and Workforce Development Program

Summer Internship 2014

Thank you for your interest in participating in Big Buddy's 2014 Level-UP! Summer Internship. Scholars accepted to this summer's internship will participate in an 8-week mentoring and workforce development program that consists of a 20 hours/week workplace internship (Mon-Wed, and/or Fri), guidance and supervision by a WorkPlace Mentor, and weekly *Tool Time Thursdays*. *Tool Time Thursdays* are aimed at teaching *life tools* such as appropriate business etiquette, time and financial management, and proper attire. Scholars will receive stipends throughout the summer based on evaluations completed by the WorkPlace Mentors and Program Advisors totaling up to \$1500. There is limited space in the program, so please read all the requirements carefully and complete the application in its entirety. All application requirements must be met in order to be considered to participate in the program. Incomplete applications will not be reviewed.

## Program Requirements:

- Completed the 9<sup>th</sup>– 12<sup>th</sup> grade during the 2013/14 school year.
- Qualify for the Free/Reduced Lunch Program.
- Submit student verification form (included in this packet).
- Be able to commit to the entirety of the program (May 29<sup>th</sup> to August 1<sup>st</sup>) without any exclusions.
- Submit completed application with all necessary information by April 30<sup>th</sup> to the Big Buddy Office.

## Program Information/Important Dates:

- The Level-UP! Scholar will be matched with a WorkPlace Mentor and assigned to an internship site for 20 hours per week.
- The Level-UP! Scholar will attend a weekly 5 hour Tool Time workshop to improve professional and leadership skills.
- **Orientation** is **May 29<sup>th</sup>** from **10:00 am to 3:00 pm**. Attendance is mandatory for accepted Scholars.
- Program Training and Kickoff is **June 5<sup>th</sup>** from **10:00 am to 3:00 pm**. Attendance is mandatory for accepted Scholars.
- Transportation assistance may be available.
- Stipends will be merit-based, using attendance and weekly evaluations as measurements of success. Scholars can earn up to \$1,500 during the 8-week program.
- End of Summer Program Recognition Luncheon will be held on **August 1<sup>st</sup>**.

## Program Application Requirements:

### Completed Enrollment Form (included)

Be sure that all the spaces in the application are completed (front & back). Make sure that all signature lines have been signed and all information is accurate.

### Student Verification (included)

Take the enclosed verification form to your guidance counselor or administrator at school and ask him/ her to fill in the empty spaces. This letter verifies your attendance rate, GPA, free/reduced lunch status, and summer school attendance status for this school year.

### Statement of Purpose

Write a brief essay explaining why you want to participate as a Scholar in the Level-UP! Program. See the attached guidelines to help you successfully write your Statement of Purpose.

*All information will be held confidential unless specified otherwise.*

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### Important Dates to Remember

April 30 <sup>th</sup> :	Application Deadline
May 1 <sup>st</sup> -14 <sup>th</sup> :	Application Review
May 15 <sup>th</sup> :	Notification of Acceptance
May 29 <sup>th</sup> :	Scholar Orientation
June 5 <sup>th</sup> :	Program Training and Kickoff
June 9 <sup>th</sup> :	1 <sup>st</sup> Day at Internship Site
June 12 <sup>th</sup> :	1 <sup>st</sup> Tool Time
June 19 <sup>th</sup> :	1 <sup>st</sup> Stipend Payment
July 4 <sup>th</sup> :	Independence Day
July 10 <sup>th</sup> :	2 <sup>nd</sup> Stipend Payment
July 30 <sup>st</sup> :	Last Day at Internship Site
August 1 <sup>st</sup> :	Recognition Luncheon/3 <sup>rd</sup> Stipend Payment

**Tool Time Thursdays will be held every Thursday from 10:00am to 3:00pm starting Thursday, June 12<sup>th</sup> ending on Thursday, July 31<sup>st</sup>**

**Cultural Activities and Community Service dates are TBA.**

“To be early is to be on time. To be on time is to be late. To be late is unacceptable.”

[www.bigbuddyprogram.org](http://www.bigbuddyprogram.org)

# LEVEL-UP! SUMMER INTERNSHIP ENROLLMENT FORM (SUMMER 2014)

## For Office Use Only:

Date app. entered: \_\_\_\_\_  
 Data Clerk's initials \_\_\_\_\_  
 Program Advisor's initials \_\_\_\_\_

THIS FORM IS TO BE COMPLETED BY THE SCHOLAR. PLEASE FILL IN ALL INFORMATION. PLEASE PRINT.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Address \_\_\_\_\_ City, State \_\_\_\_\_  
 Scholar Cell Phone # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender:  M  F  
 Email Address \_\_\_\_\_ School Attending \_\_\_\_\_ Grade (2013/2014) \_\_\_\_\_

Race:  African-American  Hispanic  Agriculture  Education  Theatre/Film  
 Asian  Native American  Architecture  Construction  Community Revitalization  
 Caucasian  Other  Business  Health Care  Sales  
 Law Office  Engineering  Information Technology  
 Child Care  Retail  Other: \_\_\_\_\_

T-Shirt Size (circle one): S M L XL 2XL 3XL

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Do you have any medical or physical restrictions?  Yes  No If yes, please explain. \_\_\_\_\_

Are you taking any medications?  Yes  No If yes, please list medications. \_\_\_\_\_

Are you allergic to anything (food, medicine)?  Yes  No If yes, please explain. \_\_\_\_\_




Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

Please take a moment to follow us on these social media outlets. Please check off the ones you follow. \*\*We cannot follow you back!\*\*

-  [twitter.com/bigbuddyprogram](https://twitter.com/bigbuddyprogram)  
  [facebook.com/bigbuddyprogram](https://facebook.com/bigbuddyprogram)  
  [@bigbuddyprogram](https://instagram.com/bigbuddyprogram)

Primary Guardian's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Secondary Guardian's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

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## Participant Agreement

I certify that the information is true and complete to the best of my knowledge. I authorize the Big Buddy Program to examine and collect all personal records for the purpose of determining eligibility in the Level-UP! Program. I am aware that incorrect or false information may result in termination from this program. I am aware that I must be able to commit to the entirety of the program (May 29th to August 1<sup>st</sup>) without any exclusions. I understand that I am required to spend 20 hours per week at my internship site performing the duties as expected. I also understand that I am required to attend the weekly Tool Time Workshops for 5 hours each week. I acknowledge that my stipend payments will be dependent on my attendance, weekly evaluations, completion of personal development projects, and active participation in Level-UP!.

By signing this agreement I, \_\_\_\_\_, agree to participate in the Level-UP! Mentoring and Workforce Development Program to the best of my ability with a positive attitude and an open mind.

Scholar Signature: \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

### **Emergency Medical Treatment and Transportation Approval**

The undersigned expressly authorizes the Big Buddy Program, in case of emergency, to obtain immediate medical attention for \_\_\_\_\_ (Scholar's name). In the event of an emergency, my youth may be taken to the nearest medical facility. I also consent to time spent with the Scholar's Workplace Mentor and riding in transportation provided by the program.

Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### **Sensitive Topic Discussion Approval**

The Parent/Guardian hereby agrees that \_\_\_\_\_ (Scholar's name) can be in the program and attend all activities sponsored by the Big Buddy Program. The Parent/Guardian also agrees to the discussion with the "Student" of topics that may be deemed sensitive such as substance abuse, peer pressure, HIV/AIDS education, postponing parenthood and self-esteem. The Parent/Guardian agrees to indemnify all of the parties described above from all claims made by or asserted on behalf of the student.

Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### **Collection of Evaluation Information Approval**

Students and Parent/Guardian understand that the Big Buddy Program has a legitimate interest in protecting the safety of the participants, including the Student, volunteers and staff. Accordingly, the Student and Parent/Guardian hereby authorize the Big Buddy Program to contact third parties, including the East Baton Rouge Parish School Board, Department of Human Services, East Baton Rouge Parish law enforcement agencies, and other government agencies and offices for information relating to the Student, and hereby consent to and agree to release of such information by such third parties to the Big Buddy Program. This information may include absentee reports, grades, and other school information that will allow the staff to effectively work with the Student.

Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### **Photograph/Media Release**

Parent/Guardian gives consent for any photographs, video, print ads and other media in which my youth may appear to be used by the Big Buddy Program for publicity and program development.

Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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## Student Verification Form

**This form is to be completed by either a school counselor or administrator.**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Grade 2013/2014: \_\_\_\_\_

School Name: \_\_\_\_\_

Student GPA (as of 3<sup>rd</sup> Quarter): \_\_\_\_\_

Student Attendance Rate (%): \_\_\_\_\_

Free/Reduced Lunch Status:      Free                      Reduced                      Full Pay  
(Please circle one)

Summer School Attendance is:      Not Likely                      Probable                      Definite  
(Please circle one)

\_\_\_\_\_  
School Staff Name and Title (Print)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
School Staff Signature

\_\_\_\_\_  
Phone Number









