

# City of Rochester

## Summer of Opportunity Program (SOOP)

### Youth Intern Request Form - 2024



Please complete and return this form to Youth Employment Services (YES) no later than February 29, 2024. We review applications on a continuous basis. Late forms will be considered until all slots are filled. Summer intern placement is dependent on the number of requests received and the best fit for both the intern and the host site partner.

**IMPORTANT!** This is a request to partner with the City of Rochester, not RochesterWorks which is operated by Monroe County. You can collaborate with the City of Rochester or RochesterWorks but not both.

#### Preliminary Questions:

- Are you able to host at least one youth for 20 hours each week, for the full six weeks between July and August?  YES  NO
- Are you able to participate in the mandatory meeting for host sites in May?  YES  NO
- We assign a liaison to each site. Your liaison will work with you throughout the summer process. Are you willing to communicate with your liaison weekly, or as often as needed?  YES  NO
- I understand that interns are not replacements for regular employees and that their assigned duties must comply with NYS DOL Laws Governing the Employment of Minors.  YES  NO

#### Company Information

DBA: \_\_\_\_\_ FEIN: \_\_\_\_\_

Address: \_\_\_\_\_ Business Hours: \_\_\_\_\_  
Intern Hours: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Are you MWBE certified (not required)? Yes  No

#### Contact Information

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred Contact:  E-mail

E-mail: \_\_\_\_\_  Phone

*Please provide contact information for at least one other staff member who will assist with the program regularly or who can be reached if the primary contact is out on leave, for vacation, etc.*

Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred Contact:  E-mail

E-mail: \_\_\_\_\_  Phone

Who will be in charge of the weekly time submission for each intern:  Primary Contact  Secondary Contact

**Intern Request**

My organization will provide the required 20 hours each week, for 6 weeks, to all interns interviewed and assigned to our site. It can be a hybrid, virtual and in-person experience. We encourage creativity that will benefit your organization and the intern experience.  YES  NO

<b>Total Number of Youth Interns Requested:</b> (We cannot guarantee 100% placement) <input type="checkbox"/>	Can you provide flexible hours for youth who have to attend summer school? Most attend morning classes.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Youth Intern Job Title(s)	Preferred Age Range	# of Positions
	<input type="checkbox"/> Any age (min. 14 yrs. old) <input type="checkbox"/> 16+ <input type="checkbox"/> 18+ (limited pool)	
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\*Please note that all youth interns are 14 – 20 years of age\*

Can your organization hire a youth intern beyond the summer internship, if appropriate?  YES  NO

Does your organization require any additional screening of youth interns, including but not limited to drug screening, background checks, medical screening, vaccination records, or fingerprinting?  YES  NO

If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_

\*Costs related to additional screening methods WILL NOT be covered by Youth Employment Services or expected of youth interns\*

Please provide a short, youth-friendly, description for each youth intern position below or attach a separate description. Include any traits and skills a youth should possess that will contribute to their success. Youth are required to perform duties as assigned. YES must be informed, in writing, of any changes in duties or positions, after interns are assigned. Without a signed, written agreement, YES will remove the intern and end the SOOP partnership.


Email completed request to:

**City of Rochester**  
**Youth Employment Services**  
[soop@cityofrochester.gov](mailto:soop@cityofrochester.gov)  
**Summer of Opportunity Program Hot Line: (585) 428-6366**