

Ozaukee Youth Apprenticeship

A Partnership of Education, Community and Business

100 W. Monroe St., Port Washington, WI 53074

YOUTH APPRENTICESHIP APPLICATION FORM

TO BE COMPLETED BY STUDENT

Date of application: _____
Name: _____
(first, MI, last)
Address: _____
(street, city, state, zip)
Date of birth: _____ Home phone: _____
Cell phone: _____
Email address: _____

Check High School: Cedarburg HS (0020/1015) Current grade _____
 Grafton HS (0040/2217) GPA _____
 Homestead HS HS graduation date _____
 Northern Ozaukee HS (0060/1945) HS Counselor _____
 Port Washington HS (0100/4515) Counselor phone _____
 Random Lake HS (0080/4641)

In order to be accepted into a Youth Apprenticeship the student must be enrolled and attending classes at an Ozaukee Youth Apprenticeship consortium school

1 or 2 year programs (your area of interest) (Put an "x" in front of the Apprenticeship Area for which you are applying):

<input type="checkbox"/> Agriculture, Food & Natural Resources	<input type="checkbox"/> Hospitality & Tourism
<input type="checkbox"/> Architecture & Construction	<input type="checkbox"/> Information Technology
<input type="checkbox"/> Art, A/V Technology & Communications	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Finance	<input type="checkbox"/> Science, Technology, Engineering & Mathematics (STEM)
<input type="checkbox"/> Health Science	<input type="checkbox"/> Transportation, Distribution & Logistics

Section 1 – Background Information

ACTIVITIES (List all of your various involvements)

School activities: _____
Community service: _____
Volunteer activities: _____
Honors received: _____
Other: _____

EXTRA CURRICULAR ACTIVITIES (List your after-school obligations)

Activity: _____	Schedule: _____	# of hours: _____
Activity: _____	Schedule: _____	# of hours: _____

EMPLOYMENT (List current and/or previous employment – may include baby-sitting, paper routes, fast food, etc.)

Job and location: _____	Dates: _____	Supervisor: _____	Phone: _____
Job and location: _____	Dates: _____	Supervisor: _____	Phone: _____

TRAINING (List courses or training that may have prepared you for this apprenticeship)

INTERESTS & ABILITIES (Identify any interests or abilities that relate to this apprenticeship)

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Section 2 – Applicant Essay

(Why are you seeking apprenticeship? Include reasons that make you a good candidate. Maximum 250 words.)

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Section 3 – Parent Information

Father: _____ Daytime phone: _____ Email: _____
Mother: _____ Daytime phone: _____ Email: _____
Guardian: _____ Daytime phone: _____ Email: _____
Person responsible for legal decisions: _____
Address, if different than student's: _____

(Why is your child a good candidate for a Youth Apprenticeship? Please type or print in black ink.)

Section 4 – Certification / Consent

Student:

I certify the facts contained in this application are true and complete to the best of my knowledge. I understand that falsified statements will disqualify my application and if selected for the Ozaukee Youth Apprenticeship Program may be grounds for dismissal.

Student signature

Print Name

Date

Parent:

- I have read the information contained in the specific Youth Apprenticeship brochure and support my child's participation.
- I understand we (my child or I) will be responsible for transportation to any off-campus Youth Apprenticeship program/courses and to the workplace.
- I give my permission for my son/daughter to travel to and from all youth apprentice-related activities (e.g. worksite tours, quarterly meetings, etc.) via school bus or personal/private vehicles.
- I have reviewed my child's school and extra-curricular schedule. I believe that she/he can successfully participate in the apprenticeship based on this schedule.
- I authorize investigation of all statements contained herein, the references listed in this application and all information concerning previous employers.
- I further release all parties from liability for any damage that may result from furnishing this information.
- I give permission for my child to be photographed for press releases/promotional materials related to the Ozaukee Youth Apprenticeship Program.
- I give permission for the High School to release my sons/daughter's transcripts and attendance records to the Ozaukee Youth Apprenticeship Program and affiliated employers.
- I understand that if my child is applying for a Youth Apprenticeship the employer may require the student to be bonded and the student may have to submit to a drug test and/or be asked by the employer about their criminal background.

Parent Signature

Print Name

Date

No individual shall be excluded from participation in, denied benefits of, subjected to discrimination, or denied employment in the administration of, or in connection with, any Ozaukee Youth Apprenticeship Program on the basis of sex, race, religion, creed, color, age, national origin, ancestry, pregnancy, marital status, parental status, sexual orientation, or disability.

The Port Washington-Saukville School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of Special Services, Port Washington-Saukville School District.

100 W. Monroe Street, Port Washington, WI 53074- Duane.Woelfel@pwssd.k12.wi.us

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The apprenticeship for Certified Nursing Assistants has training prerequisite requirements.

The additional financial burden to meet the prerequisites will be subsidized by Ozaukee Youth Apprenticeship.

It is important to realize that the financial subsidy will be awarded upon the successful completion of the apprenticeship.

To provide a perspective for applicants, the financial obligation on the following chart is a breakdown of 2013 costs associated with the CNA apprenticeship. **Future costs subject to change.**

Section 5 – FOR CNA STUDENTS ONLY			
Description	Approximate Cost	Description	Approximate Cost
Tuition	\$390.00	Application fee	\$30.00
Book, workbook, DVD	\$65.00	Nursing assistant packet	\$24.00
CNA exam	\$115.00	Background check fee	\$15.00
TOTAL prerequisite costs			\$639.00
Subsidy from Ozaukee Youth Apprenticeship (awarded upon successful completion of the apprenticeship)			\$500.00
Approximate out-of-pocket costs for the CNA apprentice			\$139.00

In addition to the above costs and training requirements, some of the health care facilities that will employ the successful CNA apprentice will have additional training requirements. This training will need to be completed within 90 days of the apprenticeship assignment. The following are the additional training requirements:

Description	Approximate Cost	Description	Approximate Cost
Fire Safety	\$30.00-120.00	First Aid and Choking	\$50.00-\$120.00
Standard Precautions	<i>No cost for student apprentices who have received their CNA certificate</i>		

The cost of this additional training will be paid by the health care facility where the apprentice is employed.

The employer will often deduct the cost of training from the apprentice's paycheck.

It is important to note that if the apprentice does not successfully complete their apprenticeship, he/she/parents will be held responsible for the all training costs.

This new component for training became effective April 1, 2009. It is referred to as Chapter DHS 83, Wisconsin Administrative Code for Community-Based Residential Facilities (CBRFs). Details of the requirements are outlined in DHS 83.20: <http://www.uwosh.edu/ccdet/CBRF/>.

Contract Agreement – Cost related to CNA Training

I have read the information related to the costs for pre-requisite training to obtain the necessary certification to become a Certified Nursing Assistant Apprentice through the Ozaukee Youth Apprenticeship program. I am aware the the apprentice is repsonible for successful completion of the required training. Further I am aware the Workforce 2020 will subsidize the cost of this training by \$500.00, upon successful completion of the training.

The balances of the costs are the responsibility of the CNA apprentice. I understand that if my child is applying for a Health Care S ervices youth Apprenticeship they may be required to be bonded and may be asked by the employer about their criminal backgrou nd. The Wisconsin Caregiver law requires background and criminal history checks of certain personnel who are responsible for the care, safety and security of children and adults including students in the health services program.

Parent signature

Date

Apprentice signature

Date

WF2020 Coordinator

Date

END OF STUDENT PORTION

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DOCUMENT CHECKLIST

School Coordinator and student review

	Ozaukee Youth Apprenticeship application form
	Attendance record
	High school transcripts
	Section 1 – Background Information is complete
	Section 2 – Applicant Essay is complete
	Section 3 – Parent Information is complete
	Section 4 – Certification / Consent is signed
	Section 5 – Contract Agreement is signed (CNA students only)
	2 teacher recommendations Teacher will give recommendation directly to HS Ozaukee Youth Apprenticeship Coordinator
	1 principal or assistant principal or high school counselor recommendation - recommendation given directly to High School Ozaukee Youth Apprenticeship Coordinator