

## YOUTH APPRENTICESHIP APPLICATION

### Section 1 - To be completed by student

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_  
First
Middle
Last

Address: \_\_\_\_\_  
Street address
City
State
Zip

Date of birth: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ HS Counselor: \_\_\_\_\_

GPA: \_\_\_\_\_ Counselor phone: \_\_\_\_\_

To be accepted into Youth Apprenticeship the student must be enrolled and attending classes at an Ozaukee Youth Apprenticeship consortium school  
***\*Please make sure to update the Ozaukee Youth Apprenticeship office if any of the above information changes***

### **Program Areas** *(Please choose your top three program areas in order of your level of interest, labeling them 1, 2 & 3):*

- |                                       |                                |  |
|---------------------------------------|--------------------------------|--|
| Agriculture, Food & Natural Resources | Health Science                 | Marketing                                      |
| Architecture & Construction           | Hospitality, Lodging & Tourism | Transportation, Distribution & Logistics       |
| Art, A/V Technology & Communications  | Information Technology         | Science, Technology, Engineering & Math (STEM) |
| Finance                               | Manufacturing                  |  |

**I am interested in a:**                      **One-year apprenticeship**    **OR**                      **Two-year apprenticeship**

**Long-term career goals** *(What are your plans after high school?)*

### **What is your availability to work during the school year and during the summer?**

*(List all your after-school obligations (i.e., work, sports, marching band, etc.) Include summer vacations, camps, mission trips, and other jobs that will limit your availability to work as a Youth Apprentice. **Your Youth Apprenticeship will be your employment priority.***

Activity: \_\_\_\_\_ Schedule: \_\_\_\_\_ # of hours/wk: \_\_\_\_\_

Activity: \_\_\_\_\_ Schedule: \_\_\_\_\_ # of hours/wk: \_\_\_\_\_

Activity: \_\_\_\_\_ Schedule: \_\_\_\_\_ # of hours/wk: \_\_\_\_\_

Job location: \_\_\_\_\_ Schedule: \_\_\_\_\_ Supervisor/Phone: \_\_\_\_\_

**Why are you seeking a Youth Apprenticeship?** *(Include reasons you would make a good candidate, (i.e., personal strengths, experience, etc.)*

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**Training** (List courses, training and personal/volunteer/community experiences that have prepared you for your apprenticeship.)

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**Related Coursework** (Minimum 1 YA related class per semester required. Students should work with their counselors to take classes that emphasize the basics in their chosen Program Area - List below apprenticeship-related courses you are taking or plan to take next school year. )

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**Employer and Mentor Guidelines:**

- 1). Please contact the Ozaukee Youth Apprenticeship (OYA) Office when you schedule an interview with an OYA student
- 2). You may contact students directly to schedule interviews.
- 3). Please contact the Ozaukee Youth Apprenticeship Office when you have chosen an OYA student(s) as an apprentice.
- 4). Offers should be documented via email (or letter if the employer chooses) and sent to the student and the OYA office.
- 4). Once a student's start date is determined by the employer, a Youth Apprenticeship meeting will be scheduled on a mutually agreeable date and location. At this meeting the student, employer representatives (i.e., mentor, HR, etc.), parent/guardian and an OYA coordinator will complete an Educational Training Agreement (ETA) and discuss the complete details of the Youth Apprenticeship process. The YA meeting must be completed within 30 days of the student's start date.
- 5). Assign a mentor for your Youth Apprentice. Mentors are responsible for onboarding, training, completing 30-day and quarterly evaluations, and quarterly updates of the Skill Standards Checklist (SSC). Mentors should review completed evaluations, SSC updates and the final version of the SSC with the apprentice. Signed and dated copies will be provided to the apprentice and must also be sent to the OYA office a week before quarter grades are due. The final completed SSC is due to the OYA office no later than August 31st of the year the student completes their apprenticeship and must be signed, dated and must include the apprentice's total hours worked.
- 6). OYA staff are always available to the employer and student and their family for any support needed during the Youth Apprenticeship process.

**Ozaukee Youth Apprenticeship Staff:**

**John Higgins**  
OYA Consortium Coordinator  
john.higgins@pwssd.k12.wi.us  
(262) 268-6074

**John Duba**  
OYA Co-coordinator  
john.duba@pwssd.k12.wi.us  
(262) 268-6089

100 West Monroe Street Port  
Washington, WI 53074

<https://www.ozaukeeya.com>

**Section 2 – Parent Information**

Father: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mother: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Guardian: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of person responsible for legal decisions if different from student's: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
Street City State Zip

**Section 3 – Voluntary Self-disclosure/Consent**

Ethnicity: American Indian Alaskan Native Asian Black/African American Hispanic/Latino  
 Native Hawaiian/Pacific Islander White/Caucasian I choose not to disclose

Does the student have an IEP\*, 504\* plan or require any accommodations\*? Yes No  
 Would you be willing to share this information with the OYA Program staff/employer? Yes No

**\*NOTE:** Certain information contained in the above documents could be helpful for the employer to know as they teach/train your student for their YA position and could enhance their performance and success as a Youth Apprentice.

- I have read the information contained on the Ozaukee Youth Apprenticeship application and support my child's participation.
- I understand we (my child or I) will be responsible for transportation to any off-campus Ozaukee 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 their 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 them to be bonded and/or they may have to submit to a drug test and/or be asked by the employer about their criminal background.

**Parent & Student:** We certify the facts contained in this application are true and complete to the best of *our* knowledge. We understand that falsified statements will disqualify my student's/my application and if selected for the Ozaukee Youth Apprenticeship Program may be grounds for dismissal *from the OYA program*.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
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-Sauville 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, Mr. Duane Woelfel - Port Washington-Sauville School District, 100 W. Monroe Street, Port Washington, WI 53074 - Duane.Woelfel@pwssd.k12.wi.us



A Partnership of Education, Community and Business

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

**Application checklist - The Youth Apprenticeship Application and all related documents must be turned in to your school's Youth Apprenticeship Coordinator by March 1st. Please make sure all documents below are included and all required signatures are included.**

Attendance record
High school transcripts
Section 1 – Information to be completed by student
Section 2 – Parent Information is complete
Section 3 – Certification /Consent is signed by student and parents/guardian
Section 4 – CNA Student Agreement is signed (CNA students only) Consent is signed by student and parents/guardian
3 signed/dated recommendations* from teachers, counselors, principals or employers
An indication of the student's planned choices for YA related courses next year or the following year's course schedule ( <i>if available</i> )

**Please Note!!: Missing signatures, dates and documents will prevent acceptance of your application**

**\* Please instruct those providing your recommendations to give them directly to your high school Youth Apprenticeship Coordinator)**

**The Youth Apprentice Recommendation form can be found on the "Students" section of the OYA webpage - [www.ozaukeeya.com](http://www.ozaukeeya.com)**

**For Student/Counselor/School Coordinator use only - DO NOT include with YA application**