

CITY OF SANTA CLARITA
20880 Centre Pointe Parkway
Santa Clarita, CA 91350
(661) 250-3705



YOUTH EMPLOYMENT SERVICES PROGRAM AGREEMENT

HOST SITE: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

THIS AGREEMENT, made and entered into this _____ day of _____, 20____, by and between the CITY OF SANTA CLARITA, hereinafter called the "City" and _____, hereinafter referred to as the "Host Training Site," a public nonprofit or private-for-profit organization.

This Agreement establishes the terms and conditions for the City and the Host Site as follows:

1. The City is responsible for the payment of wages and workers' compensation insurance coverage for program participant (s) approved to work at the Host Site, subject to the limitations contained herein.
2. This Agreement shall be effective January 1, 2019, to December 31, 2020, subject to termination by either party, at any time.
3. The Host Site agrees to follow The City's uniform payroll and attendance reporting requirements for program participant(s).
4. The Host Site further agrees to: (1) comply with applicable laws and regulations governing the employment of minors, (2) ensure necessary emergency medical care is given to the program participant(s) in the event of an occupational injury or illness, (3) provide adequate supervision and instruction, (4) insure safe and healthful working conditions, and (5) provide program participant(s) with a written job description (per Exhibit 1).
5. The Host Site understands that the City will conduct on site visits to evaluate general compliance with above.
6. The City is the legal employer of program participant(s) and is responsible for securing and maintaining required work permit for minors. All minors have parental or guardian consent on file with the City for authorize emergency medical treatment.
7. Youth participants will not displace current employees if they are permanently hired.

IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the parties described herein the day and year first written above.

For: _____

For: City of Santa Clarita

By: _____

By: _____

Host Site Supervisor's Signature

Community Services Supervisor's Signature

Print Name and Title

Print Name and Title

Date: _____

Date: _____

EXHIBIT I

**CITY OF SANTA CLARITA
YOUTH EMPLOYMENT SERVICES**

1. Staff person(s) responsible for program participant(s) supervision:	Name: _____ Title: _____ Contact Number: _____ Name: _____ Title: _____ Contact Number: _____
2. Type of work the program participant(s) will be completing:	_____ _____ _____ _____
3. Specific job skills and requirements:	_____ _____ _____ _____
4. Workdays and hours program participant(s) are needed: (please be as specific as possible)	_____ _____ _____ _____ <p style="text-align: center;">(hours of operation)</p>
5. Indicate number of program participant(s) needed for the work site:	_____