



4401 Sion Farm-Christiansted
St. Croix, VI 00820-4245
P:(340)773-1994,F:(340)773-0094

GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS



PO Box 302608-Charlotte Amalie
St. Thomas, VI 00803-2608
P:(340)776-3700,F:(340)774-5908

Dear Employer:

The Virgin Islands Department of Labor is dedicated to preparing our youth to be groomed as the future labor force of the territory. Therefore, we are appealing to employers of the territory to assist us with building a skilled, productive, and adaptable workforce. You are invited to join us in this endeavor by partnering to provide a valuable workplace experience and professional development opportunity for our youth in one or more of the following ways:

- **Six Week Work Experience** no more than 180 hours of work experience for work *during the summer months*
- **Year Round Work Experience:** work experience for Out of School (Older Youth)

All participants in our programs are provided with Life Skills Management & Career Orientation Workshop, Workplace Preparation Skills, and Occupational Safety & Health Regulation (OSHA) training from the department. The department will provide all support services needed to facilitate this process as well as appropriate information on respective roles and responsibilities of both the participants and employers.

If you are interested in partnering with us and participating in any one of the above mentioned components, kindly complete and return the attached form. We will contact you to acknowledge receipt of your request and confirm participation. **Your form can be faxed to 340-715-5742 on St. Thomas or 340-713-3420 on St. Croix or emailed (see contact information).** If you have any additional questions, feel free to contact Mr. Kadeem Hendrickson on St. Croix at 773-1994 ext 2178 (khendrickson@vidol.gov) or Shenika Sebastien on St.Thomas at 776-3700 ext. 2080 (scsebastien@vidol.gov).

Sincerely,

Arah C. Lockhart
Director of Workforce Development



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REQUEST FOR YOUTH PARTICIPANTS

A Separate Request Must Be Completed For Each Job Title or Project

Type of Work Experience

SUMMER EMPLOYMENT YEAR ROUND

Name of Company/Agency _____

Unit _____ For Profit Not-For-Profit Government

Name of Company/Agency Head _____

Mailing Address _____

Contact Person _____ **Email** _____

Phone/Ext. _____ **Fax No.** _____ **Island** _____

Immediate Supervisor of Youth _____ **Email** _____

Phone/Ext. _____ **Fax No.** _____

Physical Address of Youth's Location _____

Position Title or Name of Project that Youth(s) will work on _____

Number of Positions Requested _____ **Starting Date** _____

Job/Project Description _____

Education/Specific Skills Required _____

Upon acceptance of summer participants, your agency is totally responsible for the daily work experience and supervision of the participant. Please sign below and return this form with your business license or incorporation papers (if applicable) to the appropriate Department of Labor Office.

Authorization/Approval

 Authorized Employer's Signature

 Approving Officer, Department of Labor

 Print Name and Title

 Date