



4401 Sion Farm-Christiansted
St. Croix, VI 00820-4245
P:(340) 773-1994 F:(340) 713-3415



PO Box 302608-Charlotte Amalie
St. Thomas, VI 00803-2608
P:(340) 776-3700 F:(340) 715-5742

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:

- **Five Week Work Experience** no more than 120 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, 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 715-5742 on St. Thomas or 713-3415 on St. Croix or emailed (see contact information).** If you have any additional questions, feel free to contact Kevin Dixon at 773-1994 ext. 2202 (kevin.dixon@dol.vi.gov) on St. Croix or Shenika Sebastien at 776-3700 ext. 2080 (shenika.sebastien@dol.vi.gov) on St. Thomas.

Sincerely,

Shenika Sebastien
Director of Youth & Apprenticeship



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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 WORK EXPERIENCE

YEAR ROUND WORK EXPERIENCE

Name of Company/Agency _____

Unit _____ For Profit Not-for-Profit Government

Name of Company/Agency Head _____

Mailing Address _____

Agency Contact Person _____

Immediate Supervisor of Youth _____

Email _____

Email _____

Phone/Ext _____

Phone/Ext _____

Fax No. _____

Fax No. _____

Work Environment:

On-site

Virtual

Blended

Physical Address of Youth's Location _____ Island _____

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

Number of Positions Requested: _____

Projected Starting Date: _____

Job/Project Description (attach supplement if needed):

Education/Specific Skills Required

Upon acceptance of 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.

Employer Authorization	
_____ Authorized Employer's Signature	_____ Date
_____ Print Name	_____ Title

Approval	
FOR OFFICE USE ONLY	
_____ Approving Officer, Department of Labor	
_____ Date	