



## SASKATCHEWAN CAP YOUTH INITIATIVE

### Application for Youth Internship Funding, 2007-08

If you are interested in applying to host a Youth Internship, please **fully complete** the following form. Adjudication will take place pending final approval from Industry Canada for the Initiative to proceed. Please note that preference will be given to new CAP sites, as per Industry Canada guidelines.

Online applications are presently not available. You can either print and fill out this document and fax it to us at (306) 682-3101, or you can edit the document and email it to us at [capyisk@ctrc.sk.ca](mailto:capyisk@ctrc.sk.ca)

<b>Applicant Organization Information</b>	
Name of Organization:	
Mailing Address:	
Street Address:	
Name of Primary Contact Person:	
Phone:	
Fax:	
Email:	
Name of Secondary Contact Person:	
Phone:	
Fax:	
Email:	
Years your CAP organization has existed:	
Organization's Website (if applicable):	
<b>Internship(s) Requested</b>	
Total Number of Internships Requested:	
Proposed Timeframe(s):	
___ Interns @ ___ (Number of hours/week) X ___ (Number of weeks) = 420 hrs /intern Start Date: _____ End Date: _____	
___ Interns @ ___ (Number of hours/week) X ___ (Number of weeks) = 420 hrs /intern Start Date: _____ End Date: _____	
Down-Time: If the Intern will not work during a certain time (due to site closure for Christmas, etc) please indicate those days here.	
Schedule: If your proposed schedule is complex, please fill out the Intern Schedule (available at <a href="http://www.ctrc.sk.ca/cap/downloads.html#apply">http://www.ctrc.sk.ca/cap/downloads.html#apply</a> ).	

<b>CAP Centre Information - fill out complete separate page for each CAP Centre</b>	
Name of CAP Centre:	
Street Address:	
Mailing Address:	
City/Town:	
Postal Code:	
Phone:	
Fax:	
Hours of operation:	
CAP Centre Website (if applicable):	
Community Website (if applicable):	
<b>Intern Information</b>	
Intern Name(s) (if known):	
<b>Supervisor Information</b>	
Name of Intern's Primary Supervisor:	
Position in Organization:	
Phone:	
Fax:	
Email:	
Name of Intern's Secondary Supervisor:	
Position in Organization:	
Phone:	
Fax:	
Email:	
<b>Equipment</b>	
Number of functional CAP computers:	
Type of Internet Connection:	<input type="checkbox"/> DSL <input type="checkbox"/> Cable <input type="checkbox"/> Other: _____
<input type="checkbox"/> Dial-up <input type="checkbox"/> Satellite	
Software installed (check any that you have or state equivalent if you have something different): <input type="checkbox"/> MS Word / WordPerfect <input type="checkbox"/> MS Excel <input type="checkbox"/> MS Access <input type="checkbox"/> MS PowerPoint <input type="checkbox"/> MS Front Page / <input type="checkbox"/> Macromedia DreamWeaver <input type="checkbox"/> Macromedia Fireworks <input type="checkbox"/> Macromedia Flash	<input type="checkbox"/> Adobe Reader Adobe Acrobat <input type="checkbox"/> Adobe Photoshop / Corel Draw <input type="checkbox"/> Adobe PageMaker <input type="checkbox"/> Adobe Illustrator <input type="checkbox"/> Internet Explorer <input type="checkbox"/> Netscape <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
Peripherals available (check any that apply) <input type="checkbox"/> Printer <input type="checkbox"/> Scanner <input type="checkbox"/> Digital Camera	<input type="checkbox"/> Web Camera <input type="checkbox"/> CD Burner <input type="checkbox"/> Speakers <input type="checkbox"/> Other: _____

**Special Project Description *Required if Applicable***

Please provide a detailed description of any special projects that your organization would like to have the Intern work on. Include your organization's objectives and expected outcomes.

If you are filling out a paper copy, please attach a separate document for this section.

**Proposed Duties *Required***

Please list the proposed activities that you would like an Intern to do, along with the projected hours each one will require. If you have a timeline for your special projects, you can include it here. Please use the Approved Activities list as a guideline (available at <http://www.ctr.sk.ca/cap/downloads.html#apply>). Interns are expected to spend some time on each of these activities.

Please do not just copy & paste the Approved Activities. A good description of the duties as they relate to your CAP Centre (in your own words) can help your application stand out above less descriptive ones.

If you are filling out a paper copy, please attach a separate document for this section.

**Declaration:**

- I, \_\_\_\_\_, hereby declare that
- A. I am the **applicant or the authorized representative** of the applicant, named in the Applicant Information Section of the Application Form, and
  - B. I have included with this application the **project description** for which I am requesting program assistance. I understand that this and any **subsequent information** submitted by me and approved under the Community Access Program Youth Initiative (CAP YI) form part of this application, and
  - C. I understand that the officials responsible for the Community Access Program Youth Initiative (CAP YI) have the authority to assess each application on its individual merits and will exercise their absolute discretion in determining the amount of grant funding approved for each project, and
  - D. I understand that upon approval of this application, the legal entity or the individual, as the case may be, named in the Applicant Information Section of the Application undertakes to comply with all conditions as set out in this application.

Name of Authorized Official of Organization:	
Position within Organization:	
Date:	