Summer Youth Employment Program (SYEP)
Department Registration Form

Name of Department/Administrative Office:
___________________________________________________________________________

Address ____________________________________________________________________

Phone ______________________________ Fax ______________________________

Contact Person _______________________________ Direct Ext. __________________

Position/Title _______________________________ Email _________________________

1. Description: Briefly describe the mission/purpose of your department/administrative office.

2. Learning Opportunity: Briefly describe learning opportunities in your department/administrative office for a SYEP participant.

3. Number of Participants: How many participants would you consider hosting?
__________________
4. **Skills:** List skills/abilities needed to work in your department/administrative office.

5. **Comments/Concerns:** Please list any comments or concerns you have regarding your role as a SYEP host and/or program participants.

*** Please return this form to Jahneille Edwards at gca@cumc.columbia.edu