

2026 BBEDC Youth Internship Program

Youth Internship Request Information

Program Overview

BBEDC has developed the Youth Internship Program in an effort to provide youth between the ages of 14-17 with temporary employment opportunities from 4-16 weeks in their communities.

The Youth Internship Request must be completed and submitted by each company seeking to hire a Youth Intern under the program. Each request will be evaluated by BBEDC staff to determine if the position(s) meets the guidelines established for this program.

An organization may request more than one youth intern. However, a separate request is required for each position. ***Filling out a request form does not guarantee that BBEDC will fund an internship and you may be asked to prioritize positions based on funding available.***

The organization requesting the internship is the employer, not BBEDC, and all employer personnel policies will apply. The employer will supervise the intern and ensure that all Alaska Child Labor Laws are being followed, including obtaining a work permit, payment of all wages, taxes, insurance and all other costs of employment. The wage offered to employees should be consistent with entry-level positions generally offered by the employer, and must be posted in advance but, at the discretion of the employer, wages may be supplemented during the internship if warranted.

BBEDC will reimburse the employer for all agreed upon direct costs of such internship (except for supplemental payments) upon receipt of invoice and all reporting requirements at the completion of employment. All invoices must be received no later than 30 days after the last day of employment. The interns must be referred to BBEDC for an exit interview and the employer must submit a written report reviewing the intern's performance based on the established learning plan upon completion of the internship. The employer should also prepare the intern to summarize the internship experience during the BBEDC exit interview. Failure of the employer to submit a written report upon completion of the internship may result in a denial of placement of future interns.

Submit applications to:"	"	Email: let@bbedc.com
"	"	Fax: " (888) 325-4336 or (907) 842-4336
"	"	Mail: BBEDC - EET
"	"	P.O. Box 1464
"	"	Dillingham, AK 99576

2026 BBEDC Youth Internship Request Application

Program Requirements

A. The application must include a **separate** detailed job description that includes the duration of the internship (start & ending dates).

Youth Internships can be between 4 to 16 weeks in duration.

B. Complete the Employment Budget Worksheet for the requested position, including the entry level wages to be paid to the employee and the associated employer paid taxes.

C. Employers are required to follow all applicable child labor laws set by the Alaska Department of Labor. This includes but is not limited to, filing a Work Permit with the Department of Labor upon hire.

i. Additional information on AK Child Labor Laws can be found on their website at <https://labor.alaska.gov/lss/childlaw.htm>

D. The entity receiving the internship must identify an internship supervisor who will be working with the intern on a daily basis. BBEDC requires that Youth Interns be supervised at all times.

E. BBEDC will work in cooperation with the partner organization to develop an agreement to define BBEDC and the partnering entity's responsibilities, wages and reporting requirements prior to employee recruitment.

F. Applicants must not be currently employed by an organization for their applications to be considered.

G. The BBEDC Work-Based Learning Plan must be completed and submitted to BBEDC within the first week of hire and at the completion of employment.

H. Employers must submit high resolution pictures of the Youth Intern performing job duties to BBEDC with final report.

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Date of Application: _____

Name of Community: _____

Name of Entity: _____

Address: _____

Phone Number: _____

E-mail Contact: _____

Youth Intern Position Title: _____

Employee Supervisor: _____

Supervisor Phone Number: _____

Supervisor Email: _____

Alternate Supervisor Contact: _____

General Liability Coverage: _____
(Coverage Amount and Name of Insurer)

Workman's Comp Insurer: _____

How did you learn about this program?

Application Questions

Liaison Website BBEDC Program Other (Describe Other)
Staff Directory

1. What type of youth internship are you proposing?

2. Have you had a youth internship in the past? If so, please describe the internship.

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3. Brief description of the intern's basic job duties?

4. What skills or training will the youth intern learn as part of the internship?

5. Provide a **detailed** timeline & projected cost of the internship. This should include wages per hour, and any other cost associated with the internship that BBEDC would be expected to provide.

6. Why did you apply for this program and how will it assist you?

PO Box 1464 ♦ Dillingham, AK 99576 ♦ Phone: (907) 842-4370 or (800) 478-4370
Fax: (907) 842-4336 or (888) 325-4336 ♦ Website: www.bbedc.com

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BBEDC Budget Worksheet

Wages Per Hour	Hours Per Week	Number of Weeks	Total Hourly & OT Wages	Gross Total Wages
O/T Per Hour*				
Workman's Comp. Rate				
Fica Rate				
Fica-Med Rate				
AK ESC				
Total Requested				
Does your company pay into FUTA?	YES / NO			

Start Date	
End Date	

Alaska Department of Labor Statutes and Regulations*

Please review and list any exemption for this position regarding overtime that is listed in the *Employment Practices and Working Conditions*? **This would also include any employee with an agreed upon flexible work schedule.** (Article 3. Alaska Wage and Hour Act Sec. 23.10.060. Payment for overtime)

- _____
- _____
- _____

Name of Entity: _____
 Position Title: _____