

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

VINCENT C. GRAY  
MAYOR



LISA MARÍA MALLORY  
DIRECTOR

**DOES Office of Youth Programs (OYP)  
Parental Consent Form**

\_\_\_\_\_  
Applicant's Full Name

\_\_\_\_\_  
Applicant's Last 4 of SSN

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, certify that I am the parent/ legal guardian of the minor applicant whose name appears above, and hereby give my consent for the minor to participate in youth employment programs administered by the DC Department of Employment Services (DOES) Office of Youth Programs (OYP), which include the One City Summer Youth Employment Program (SYEP); the Mayor's Youth Leadership Institute (MYLI); the Year-Round In-School and Out-of-School Programs; the One City High School Internship Program (OCHSIP); the One City College Internship Program (OCCIP); and the Pathways for Young Adults Program (PYAP), from the date on the bottom of this consent form until such time the minor is no longer eligible to participate in youth employment programs or I revoke this consent in writing. I further certify that all of the information contained within the minor's application is correct and true and that by enrolling my child in any OYP programs, I hereby give permission to DOES and its partner organizations to photograph/interview my child. It is my understanding that this photograph/interview or portions may be used by DOES and its partner organizations to describe, promote, and publicize its programs. I agree to allow my child to participate in this project without financial remuneration, and I understand that this releases DOES and its partner organizations from any future claims, as well as from any liability, arising from the use of said photograph/interview. In accordance with the *District of Columbia Official Code Division V, Title 32, Chapter 2*, I understand that by enrolling my child in programs offered by OYP, I consent to the release of my child's education records to DOES for the purpose of verifying my child's eligibility for these programs. I understand that education records include first name, last name, date of birth, address, enrollment status, grade level, and any additional fields. I further understand that DOES will use this information for no other purpose than to verify that my child is eligible for its programs based on age and residence in the District of Columbia and will safeguard it against further disclosure.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Date

**ATTENTION: You must submit a signed Parental Consent Form to DOES Office of Youth Programs, 4058 Minnesota Avenue, NE, Washington, DC 20019. You may also fax it to (202) 698-5813 or send a scanned copy to [summerjobs@dc.gov](mailto:summerjobs@dc.gov). All applications for any programs offered by OYP will be considered INCOMPLETE until this form is signed and submitted.**

**DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_  
SIGNED PARENTAL CONSENT FORM RECEIVED BY:

\_\_\_\_\_  
Staff Name (Printed)

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date