

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

VINCENT C. GRAY
MAYOR



LISA M. MALLORY
DIRECTOR

DOES Office of Youth Programs (OYP)
Participant Consent Form (for youth ages 18 and older)

Applicant's Full Name

Applicant's Last 4 of SSN

I, _____, certify that I am the applicant whose name appears above, and hereby give my consent to participate in youth employment programs administered by the D.C. 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 that I am 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 my application is correct and true and that by enrolling in any OYP programs I hereby give permission to DOES and its partner organizations to photograph/interview me. 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 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. I understand that by signing this form and enrolling in programs offered by OYP in accordance with the *District of Columbia Official Code Division V, Title 32, Chapter 2*, I consent to the release of certain education records related to me to DOES as of the date by my signature below for the purpose of verifying my eligibility for these programs. I understand that the specific education records to be released to DOES include my first name, last name, date of birth, address, enrollment status, grade level, and attendance data. I further understand that DOES will use this information for no other purpose than verifying that I am eligible for its programs and will safeguard it against further disclosure. **I further understand that I have a right to inspect, review and challenge any of my education records and that I may request a copy of the records to be released to DOES pursuant to this consent by contacting the registrar or other responsible school official at my school.** Further, I understand that by enrolling in programs offered by DOES, I consent to participating in an on-going independent evaluation of the effectiveness of these programs. Further, I understand that DOES may contact my school for up to two years after my participation to obtain certain education records showing my progress, including my enrollment status, grades, test scores, suspensions, and attendance data and that DOES may survey or interview me about its programs as part of this evaluation. I understand that any information collected will be used solely to assess DOES programs and to track general group trends. Individual responses will not be made public and neither my name nor any identifiers will be used in any report. Further, I understand that participation in any DOES evaluation activity is completely voluntary and I may withdraw at any time with no consequences and may opt-out of participating in the evaluation by emailing youthjobs@dc.gov or by contacting DOES via the contact information included on this form.

Applicant Signature

Date

ATTENTION: You must submit a signed Participant Consent Form to DOES Office of Youth Programs, ATTN: Consent Form, 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. 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 PARTICIPANT CONSENT FORM RECEIVED BY:

Staff Name (Printed)

Staff Signature

Date