

2018 Youth Participation and Parental Permission Agreement

All youth under 18 at the time this application is submitted must have parent/guardian permission to participate in STEP-UP. The parent/guardian must read and complete all sections of this page.
If you are currently 18 or older, you must complete this section yourself.

Youth (Applicant) Name: _____ Phone: _____

Social Security Number: _____ Date of Birth: _____

If I am not selected for STEP-UP, I give STEP-UP permission to release my contact information to other youth employment providers. Yes No

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

STEP-UP youth attend classroom training, an intake session, and a mock interview prior to entering the applicant pool to be matched with a job. It is our goal to help each youth gain as much as possible from each step in the process. Will your child need help or special support during STEP-UP? If yes, please describe what kind of help or support they may need to gain the most from the experience and be successful.

Parent Permission Statement

- I hereby give my permission for the STEP-UP Participant, either myself or my child, to participate in the STEP-UP program's training with possible employment.
- I understand that participants may be referred to various non-city agencies or employers.
- Although public transportation may be provided to the participant, I understand that the City of Minneapolis and AchieveMpls will not supervise youth participants at those times.
- I voluntarily release the City of Minneapolis, AchieveMpls, Minneapolis Workforce Centers, Project for Pride in Living and the Minneapolis Park and Recreation Board from any and all liability based on claimed negligence at times when the participant is not under the supervision of the aforementioned parties.
- I agree to provide, if requested, any documentation necessary to verify information on the STEP-UP Participant, either myself or my child's, application and I authorize the City of Minneapolis and AchieveMpls or their providers to verify information provided, if necessary.
- I give my permission to the Minneapolis Public Schools (MPS) to release educational records, test scores and other information to the City of Minneapolis, AchieveMpls, their contractors, researchers and partners as required for participation in STEP-UP and for research purposes which will include educational records throughout the STEP-UP Participant, either myself or my child's, attendance at MPS.
- I agree, and give my informed consent to let my employer release to AchieveMpls, the City of Minneapolis and Department of Employment and Economic Development all data collected, maintained or received relating to my work experience as a STEP-UP Worker, including but not limited to feedback on my performance, disciplinary actions, and reasons for termination.
- I agree that STEP-UP participants shall not claim any right to unemployment compensation resulting from any termination of employment or from any other event.
- I agree that the STEP-UP Participant, either myself or my child, may be photographed and/or video recorded to promote STEP-UP or his/her employer.
- I agree that the STEP-UP Participant, either myself or my child, may take part in program evaluations.
- I agree to allow City of Minneapolis and AchieveMpls to release information regarding the STEP-UP participant to partner agencies.
- I understand through participation and/or completion of this program my child may earn high school credit through Project for Pride in Living, Intermediate School District 916 or another school district partner.

By signing below, I attest that I have read, understand, and agree with the information and statements within this application. Warning: Title 18, Part 1, Chapter 47, Section 1001 of the U.S. Code - Fraud and False Statements, makes it a criminal offense to make false statements or misrepresentations to any departments or agency of the U.S. as to matter within its jurisdictions.

Youth Signature: _____ **Date:** _____
(Required)

Parent Signature: _____ **Date:** _____
(Required for youth under 18)

YOU MUST BRING THIS FILLED OUT AND SIGNED PERMISSION
FORM TO THE FIRST DAY OF TRAINING.

THIS COMPLETED AND SIGNED FORM IS YOUR
“TICKET TO TRAINING”