

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF EMPLOYMENT SERVICES

MURIEL BOWSER
MAYOR



DR. UNIQUE MORRIS-HUGHES
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 Service (DOES) Office of Youth Programs (OYP), which include the Marion S. Barry Summer Youth Employment Program (MBSYEP); The Marion Barry Youth Leadership Program (MBYLI); the Year Round In -School Program and Year Round Out-of-School Programs; School Year Internship Program (SYIP); and the College Internship Program (CIP) from the date at 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. In accordance with the District of Columbia Official Code Division V, Title 32, Chapter 2, I understand that by enrolling in programs offered by OYP I consent to the release of my education records and school attendance data to DOES for the purpose of verifying my 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 verifying that I am eligible for its programs and will safeguard it against further disclosure. 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 their participation to obtain records showing my progress, including information about enrollment, grades, test scores, suspensions, and attendance 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: Signed Participant Consent must be submitted to DOES Office of Youth Programs, via the Participant Youth Portal or scanned to Youthdocs@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