

FY15 DOES/OLA Summer Youth Employment Program

Application and Eligibility Document Checklist
(Please submit one document under each section for verification)

Applicant Name (Print): _____

Preferred Name (Print): _____

Gender: Female Male Unspecified Date of Birth: _____

Country of Birth (optional): _____

Language preference: _____

Phone: _____

Email: _____

Address: _____

School: _____

Grade: _____ Check if pursuing GED: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

T – Shirt Size: _____

Documentation needed to prove age, identity, and residence:

Provide one of the following:

- School ID
- Passport or Birth Certificate

Provide one of the following:

- Official School Record transcript or report card from the current school year
- Mail from a Federal or District Government Agency
- Immunization record (signed and dated by a school official)

Desired Program Track (Check all the desire area):

- Health Services
- Education Services
- Technology Services
- Green Space/Environment Management
- Social Services
- Entertainment and Business Management
- Administrative/Clerical Services

FY15 DOES/OLA Summer Youth Employment Program

Government of the District of Columbia

Executive Office of the Mayor Office on Latino Affairs

2000 14th Street NW, 2nd Floor

Washington, DC 20009

Parent Consent Form

Applicant Full Name _____

Applicant Signature _____ Date _____

I _____, certify that I am the parent / 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 Executive Office of the Mayor Office on Latino Affairs (OLA). I further certify that all of the information contained within the minor's application is correct and true. I hereby give permission to OLA and its partner organizations to photograph/ interview my child. It is my understanding that this photograph/ interview or portions may be used to by OLA and its partner organizations to describe, promote, and publicize its program. I agree to participate in this project without financial remuneration, and I understand that this releases OLA 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 this releases OLA 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 my child in programs offered by OLA 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 my child to OLA as of the date by my signature below for the purpose of verifying my child's eligibility for these programs. I understand that the specific education records to be released to OLA include my child's first name, last name, date of birth, address, enrollment status, grade level, and attendance data. I further understand that OLA will use this information for no other purpose than verifying that my child is 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 child's education records and that I may request a copy of the records to be released to OLA pursuant to this consent by contracting the registrar or other responsible school official at my child's school. Furthermore, I understand that by enrolling my child in programs offered by OLA, I consent to my child participating in on-going independent evaluation of the effectiveness of these programs. I understand that by enrolling my child in programs offered by OLA, I consent to my child participating in an on-going independent evaluation of the effectiveness of these programs. In addition, I understand that OLA may contact my child participating in an on-going independent evaluation of the effectiveness of these programs. Further, I understand that OLA may contact my child's school for up to two years after their participation to obtain certain education records showing their progress, including my child's enrollment status, grades, test scores, suspensions, and attendance data and that OLA may survey or interview my child about its programs as part of this evaluation. I understand that any information collected will be used solely to assess OLA programs and track general group trends. Individual responses will not be made public neither my child's name nor any identifiers will be used in any report. I understand that participation in any OLA evaluation activity is completely voluntary and my child may withdraw at any time with no consequences and may opt-out of participating in the evaluation by emailing grants.ola@dc.gov or by contacting OLA via the contact information included on this form.

Parent / Guardian Signature _____ Date _____

Relationship to Applicant _____