

Youth-Business Mentoring Program Parent/Guardian Permission Form



DUE TO _____ **BY** _____

*Parent/Guardian signatures are required on each form provided in order for the student to be eligible for the program!

I understand that _____ has applied to participate in the Youth-Business Mentoring Program.
(Student's Name)

I have read the Youth-Business Mentoring Program guidelines and give my permission for the above-named student to participate in the program, if selected.

Date Parent/Guardian Signature Parent/Guardian Printed Name

For the most accurate information please try to fill out this form with your child. The following information will be used to provide the most beneficial training and work experiences for students. We are an inclusive organization and ask the questions below to best serve the student. The information obtained in this section will not eliminate a student from being eligible for our program. All information is kept strictly confidential.

1. Please list any allergies, medical or other conditions, which may affect the student's ability to participate.

2. Does the student have any special needs or need accommodations to be successful in our training or in a job?

Yes No – If yes, please explain: _____

3. Does the student have:

A **case manager**? Yes No – If yes, please specify their name and phone number:

A **social worker**? Yes No – If yes, please specify their name and phone number:

An **Individualized Education Program (IEP)**? Yes No – If yes, please specify how we can best serve them:

4. Is the student working with any social service programs? (i.e. Briarpatch, PEOPLE, Gear Up, Probation and Parole, Project REACH, NIP, ARTT, or FOCUS) Yes No

If yes, please list name of program, first and last name of worker, and their phone number.

5. Do you have the student's original proof of age (government-issued) and social security card? (**NOT** a photocopy) If not, we will provide you with instructions to obtain these documents, so that your student can obtain a work permit.

Proof of Age Yes No **Social Security Card** Yes No

The Youth-Business Mentoring Program is primarily designed to serve economically disadvantaged students and those who face other barriers to employment. We use certain criteria to ensure we serve these youth. The questions below help us in this process. All information is kept strictly confidential but is necessary to determine priority for acceptance into the program. Please note, however, that answering "No" to any or all of the questions does **NOT** eliminate a student from being eligible for the program.

1. Does the student qualify for and/or receive free or reduced lunch at school? Yes No

2. Does the student qualify for and/or receive a free bus pass from the school? Yes No

3. Is the student pregnant and/or currently a teen parent? Yes No

4. Is the student currently in foster care? Yes No

5. Has the student ever been in foster care or a group home? Yes No

If yes – Date/Foster Home _____

6. Does the student live in one of the following neighborhoods? Yes No

If yes, please check appropriate neighborhood.

_____ Worthington Park

_____ Southside/Mooreland/Rimrock/Allied

_____ Wright Street/Truax/Northside

_____ Southwest Madison (Teresa Terrace, Elver Park, Meadowood)

_____ Leopold/Coho/Post Road Area

_____ Wexford Ridge

_____ Bridge/Lake Point/Waunona

_____ Great Grey/Owl Creek

7. Has the student ever received a written warning, suspension or ticket from a security guard or police officer, been arrested, or appeared in court for any reason? Please remember this information is kept strictly confidential. We consider contact with the juvenile justice system a barrier to employment. Our program will help youth overcome this challenge. Yes No

If yes, please list and explain each incident: _____

8. Has the student ever had a restraining order issued against or issued from another student? Please remember this information is kept strictly confidential. Yes No

If yes, please provide details: _____

Youth-Business Mentoring Program

Parent/Guardian Release Form for Minors



I am the parent and/or legal guardian of the child named below and, in consideration of my child's participation in the above event sponsored by Common Wealth Development, Inc. (the "Programs"), I fully approve and consent to my child's participation in the event and in all related activities, including my child's travel to and from field trips, job interviews and training events, meeting my child at school to discuss issues related to the Programs, communication between my child and Program staff by phone and other platforms including Common Wealth's private Youth-Business Mentoring Program Facebook group, and/or other program-related activities. I understand that Common Wealth will supervise the mentioned event and activities and my child's participation, and I fully authorize Common Wealth and its personnel or representatives to furnish my child with any necessary transportation, food or lodging relating to the Programs. I understand that I cannot hold Common Wealth responsible for any actions by my child or any damages or harm caused by my child, and I agree to hold harmless and indemnify Common Wealth, its board members, officers, employees, agents, assigns, or volunteers for any liability related to the negligent, willful or intentional acts of my child. I also release Common Wealth and its board members, employees, agents and volunteers from any liability (including claims for negligence) for personal injury, sickness, death, property damage, other harm, and expenses which may be directly or indirectly incurred by my child related to his or her participation in the Programs.

I also grant permission to Common Wealth and its employees to transport my child to a doctor or hospital and authorize any medical treatment for my child that may be deemed necessary, including, but not limited to, emergency surgery or medical treatment, and agree to assume the responsibility for all medical bills for any medical treatment provided to my child and for any related expenses.

I grant Common Wealth an unqualified right to create, edit, use, publish, and establish copyright ownership over any photographs, audio or visual recordings, or other complete or partial depictions of my child participating in the Programs and any related activities, including the use of my child's name; and I release, discharge, and agree to hold harmless and indemnify Common Wealth and any of its board members, officers, employees, agents, assigns or volunteers for any liability relating to the production, editing, publication, or other use of any such photographs, writings, or recordings, including without limitation any claims for libel or invasion of privacy.

I am of full legal age and have every right to contract for the minor in the above regard. I have read the above, am fully familiar with the contents thereof, and have no questions or reservations. This release shall be binding upon me and my heirs, legal representatives and assigns.

Student Name _____

Parent/Guardian Name _____ Relationship to Child _____

Do you live with the child? Yes No If yes, FULL TIME / PART TIME (circle one)

Any comments on living situation? _____

Primary Address (Street/City/Zip) _____

Primary Phone # _____ HOME / CELL / WORK (circle one)

Secondary Phone # _____ HOME / CELL / WORK (circle one)

Parent/Guardian Email _____

Preferred method of parent/guardian contact: CALL / TEXT / U.S. MAIL / EMAIL (circle one or more)

Emergency Contact

Name _____ Relation to Child _____

Phone # _____ HOME / CELL / WORK (circle one)

My child and I have read this entire document and fully agree to all of its terms and agreements.

Parent/Guardian Signature Date

Student Signature Date

Youth-Business Mentoring Program

Privacy Notice Policy



1. Introduction

This Notice is intended to describe how Common Wealth Development, Inc. (“Common Wealth”) collects, maintains and discloses nonpublic personal information in connection with its Youth-Business Mentoring Program (the “Programs”). This Notice applies only to individuals and Common Wealth reserves the right to change this Notice at any time and from time to time.

2. Collecting and Using Nonpublic Personal Information

Common Wealth collects both public and nonpublic personal information about participants in the Programs to provide program services. Information collected or released can include, but is not limited to information regarding issues related to the student’s participation or performance in the “programs” from: schools, other assistive or supportive agencies, and/or their personnel. The information released may include, but is not limited to, class schedules, grades, and attendance records. Common Wealth may at times be required to provide demographic information about the Programs’ participants to funders.

3. Disclosure of Nonpublic Personal Information

Common Wealth works to provide educational and employment opportunities to participants. Disclosing certain personal information on employment applications or other communications with potential employers is essential to the success of the Programs. Common Wealth hereby discloses and reserves the right to disclose all of such information it collects, as described above.

Common Wealth also reserves the right to disclose nonpublic personal information as permitted by law.

By signing below you acknowledge you have received a copy of this Notice and acknowledge and authorize the disclosures described herein. By signing below you further acknowledge that all information obtained by Common Wealth in connection with the Programs was obtained for legitimate purposes, including enabling Common Wealth to administer the Programs.

Parent/Guardian Signature Date