

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Employment Services (DOES)

MURIEL BOWSER
MAYOR

DR. UNIQUE MORRIS-HUGHES
DIRECTOR

DOES Youth Apprenticeship Program (YAP)
Parental/Guardian Consent Form
Program Year 2027

_____ _____

YAP Participant Full Name (First and Last) **Last 4 of SSN**

_____ _____

YAP Guardian Full Name (First and Last) **Date**

I, _____, certify that I am the parent or legal guardian of the minor YAP participant named above, who is under the age of 18. I hereby give my consent for this minor to participate in the Youth Apprenticeship Program (YAP) administered by the D.C. Department of Employment Services (DOES), Office of Apprenticeship, Information, and Training (OAIT).

I, _____, as the parent/guardian of the YAP participant, grant permission for my child to be filmed, videotaped, and/or photographed by DOES staff, contracted intermediaries, and/or media outlets for the purpose of describing, promoting, or publicizing the DOES YAP program across various platforms (e.g., social media, print, and other media).

I understand and agree that:

My child's participation in such media activities is voluntary and without financial compensation.
This consent releases DOES and OAIT from any future claims or liability arising from the use of the photographs or videos. I may withdraw my consent or opt out of participation at any time by contacting both the school's DOES YAP contact and the DOES Youth Apprenticeship Program Coordinator, Vincent Orange, at vincent.orange@dc.gov, without any negative consequences.

Please Select One:

____ I give consent
____ I do not give consent

Parent/Guardian Signature **Relationship to Applicant** **Date**

DO NOT WRITE BELOW THIS LINE