



Participant Signature Page

Participant Application Certification

I certify that the information provided is true to the best of my knowledge. I am also aware that the information provided is subject to review and verification (including school records, public benefits, and wage records), that I may have to provide documents to support this application and authorize Philadelphia Youth Network (PYN) and its agents and program partner organizations to make inquiries regarding available program services. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

Waiver and Release

Programs implemented by E³ and WorkReady partner organizations are managed by Philadelphia Youth Network (PYN). From time-to-time PYN and these partner organizations create promotional and educational materials about PYN, and E³ and WorkReady Philadelphia programs. I hereby give permission to PYN, its employees, affiliates, representatives, contractors, agents and members of the media to interview, audiotape, photograph, videotape, film, or capture by any other electronic or other means my image and speech, and, within its absolute discretion, to release, disseminate, or use, in any manner it sees fit including publications and web pages, the resulting images and testimonials and any other information contained therein for the purpose of promoting the objectives of PYN, and its programs. I hereby release all actions and claims which I, my family members, my child, heirs, executors, or administrators may have against the Philadelphia Youth Network, Inc., its employees, affiliates, representatives, contractors, agents, successors and assigns, arising for any reason whatsoever from the use, publication, distribution, or republication of the words or images gathered for the purpose described above. I intend this to be a legally binding agreement.

I **DO NOT** agree to the terms of "Waiver and Release" statement.

Buckley Amendment

Programs implemented by E³ and WorkReady partner organizations are designed to provide participants with meaningful learning experiences, including preparation for the workplace and higher education opportunities, and success in school managed by Philadelphia Youth Network (PYN). I understand that the Buckley Amendment to the Family Education Rights and Privacy Act of 1974 guarantees that my or my child's academic record will not be discussed with or disclosed to any third party without my written consent. I hereby authorize officials of the School District of Philadelphia to release my/my child's educational records (limited to standardized tests, graduation and promotion information, and copies of report cards). This consent will last until I/my child is no longer enrolled in a PYN-sponsored activity or until I rescind this consent in writing. I understand that this information will not be provided to any entity other than those indicated above. I understand that a record will be maintained in my/my child's file, indicating that the information was provided. I understand that I may acquire a copy of this record, as well as of any records provided to PYN, from the Philadelphia School District.

I **DO NOT** agree to the terms of "Buckley Amendment" statement.

By signing the below, I acknowledge that I have read and agree to all of the above: Waiver and Release, Buckley Amendment, and Participation Applications Certification.

Participant's Signature

Date

Parent Signature (if under 18 years old)

Date



PARTICIPANT MONTHLY INCOME VERIFICATION

Participant's Name: _____

Some PYN funding requires participants to meet certain program eligibility requirement based on personal income. Please complete the information below. You must enter your own total monthly income and then list the number of family members for yourself, your children, and/or your spouse (if applicable).

**Hint: if you have no income, no children, and are not married, you should enter \$0.00 for income and 1 for family members, check the self-attestation \$0 income box, print your name in the self-attestation statement, and then sign the form.*

If you have any income, enter your monthly income amount you earn and add your family members plus yourself if you have any children or are married, check the box that proves your income and then sign the form.

Calculated Monthly Income: \$ _____ Number of Family Members: _____

Check this box if you indicated self-attest to \$0.00 income.

I, (_____), do hereby attest that the proof of income information stated above is true, accurate, and complete to the best of my knowledge. I understand that any intentional omission or misrepresentation may subject me to disqualification from programming.

Check this box if you indicated monthly income above \$0.00 and then check the box that supports your income. You will be asked to upload this document.

- Paystubs, direct deposit, bank statements,
- Employer letter or email verifying your employment
- Unemployment Benefits
- Social Security, public benefits

Participants Signature: _____

Date: _____

PARENTAL ACKNOWLEDGEMENT OF MINOR'S DUTIES AND HOURS OF EMPLOYMENT

(Must be completed for minors under 16 years of age)*

(This section to be completed by the employer.)

The undersigned parent or legal guardian of _____, age _____,
(name of minor)

hereby acknowledges and understands that this minor's employment with

_____ Philadelphia Youth Network, Inc., commencing _____, will consist of the following duties and hours:
(name of employer) (date)

(This section to be completed by the employer.)

Duties of minor (e.g., cashier, food service, lifeguard, sales clerk, etc.)

_____ Applicants may be placed in work

_____ experiences with duties that could include, but

_____ are not limited to, standard office functions, career

_____ exposure classroom activities and service projects.

(additional sheet(s) attached)

Hours of work:

Sunday	_____	_____	.m.-	_____	_____	.m.
Monday	_____	_____	.m.-	_____	_____	.m.
Tuesday	_____	_____	.m.-	_____	_____	.m.
Wednesday	_____	_____	.m.-	_____	_____	.m.
Thursday	_____	_____	.m.-	_____	_____	.m.
Friday	_____	_____	.m.-	_____	_____	.m.
Saturday	_____	_____	.m.-	_____	_____	.m.

Other/additional hours (include explanation):

Minimum hours are 120 to a max 240

(To be signed by minor's parent or legal guardian.)

I hereby acknowledge that I understand the above duties and hours to be worked by the above-named minor for this employer and grant permission for this employment. This statement is made subject to the provisions of 18 Pa. C.S. § 4904 (relating to unsworn falsifications to authorities).

(Printed name of parent or legal guardian) Parent of _____
(Name of minor) Legal guardian

(Signature of parent or legal guardian)

(Date)

* This form is required to be completed by the parent or legal guardian of a minor employee under 16 years of age pursuant to Section 8(a)(2)(ii) of the Child Labor Act, and the original copy must be kept by the employer at the workplace along with other records of the minor's employment required by Section 8(d).

*Auxiliary aids and services are available upon request to individuals with disabilities.
 Equal Opportunity Employer/Program*