



## Program Consent Form

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I, Participant \_\_\_\_\_ (and Parent/Legal Guardian if under 18 \_\_\_\_\_) whose address is \_\_\_\_\_ agree/ grant permission to voluntarily participate in the Opportunity Works Program.

I agree to cooperate with \_\_\_\_\_ [AGENCY NAME] to engage in all activities necessary to have a successful work placement, and to abide by the rules and regulations of Opportunity Works Program. I also understand that it is ultimately my responsibility to perform the duties required at my worksite as outlined in my job description and by the worksite. Should it be determined that my behavior is inhibiting my continued participation or violates the Code of Conduct, I may be subject to discipline by \_\_\_\_\_ [AGENCY NAME] up to and including termination from Opportunity Works Program.

I agree to indemnify and hold harmless Opportunity Works Program and participating agents, its employees and voluntary employers for damages resulting from negligent acts or omissions or intentional acts committed by myself.

I understand that travel between home and the Opportunity Works Program is my responsibility, and I will not hold responsible for accidents or injury related to travel to and from work and/or job readiness training program.

I certify that the information submitted in my application and program registration is correct to the best of my knowledge and that there is no intent to commit fraud. I have been advised that this information will be entered into a computerized system and may be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I acknowledge that if the information relating to eligibility determination requires verification/documentation, and by my signature I authorize others to release information required for eligibility determination. I acknowledge that if the information relating to eligibility determination is false, I may be terminated from program.

*If under the age of 18 this form must also be completed and signed by a Parent or Legal Guardian.*

*I certify that I am the applicant's parent or legal guardian and give permission to participate in the Program. I understand that information provided by my child on his/her application will be shared with other entities for purpose of administering programs and providing referral to transitional job placement. I authorize the release of such information to such entities.*

Applicant Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if under age 18) \_\_\_\_\_ Date: \_\_\_\_\_

