



## The Learning Network Youth Employability Program

Students interested in participating in this program should submit the information requested below.

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_\_\_ (MM/DD/YY)      GENDER: \_\_\_MALE \_\_\_FEMALE

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP: \_\_\_\_\_, MI \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

PHONE #s:

MAIN CONTACT: \_\_\_\_\_

PARENT CELL: \_\_\_\_\_

STUDENT CELL: \_\_\_\_\_

OTHER: \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

ARE YOU AVAILABLE SATURDAYS MAY 12, 2018-JUNE 16, 2018 9:00AM -3:00PM  
\_\_\_\_YES      \_\_\_\_\_NO

Do you have access to a computer to bring to the meetings? \_\_\_\_\_YES \_\_\_\_\_NO

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DUE BY:      MAY 4, 2018 NO LATER THAN 5:00P.M.**  
By email to: [programs@torchofwisdomfoundationinc.com](mailto:programs@torchofwisdomfoundationinc.com)  
[www.torchofwisdomfoundationinc.org](http://www.torchofwisdomfoundationinc.org)

Student Name: \_\_\_\_\_

**Instructions:** Please submit the following information with your application.

1) Short Statement: Write a short statement of 50 words or less for both of the following statements.

a) How will The Learning Network Job Readiness Program benefit you?

b) What does your personal brand mean to you?

List any extracurricular activities, community involvement, or volunteer services that you participate in:



## Hold Harmless Agreement

I am the parent/guardian of \_\_\_\_\_, a participant in the Torch of Wisdom Foundation's The Learning Network program. The Learning Network program is NOT a part of the curriculum of the school curriculum. I understand that my child's participation in The Learning Network program is voluntary and takes place outside of school. Accordingly, I agree to RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE AND TO INDEMNIFY AND HOLD HARMLESS, The Learning Network Program Staff, the Board of Directors of the Torch of Wisdom Foundation (in their official and individual capacities), and the Adult Partner assigned to my child, from any and all liability, claims, costs, expenses, attorney fees, demands actions, and causes of action whatsoever arising out of or related to the acts or omissions of my child or any property belonging to my child while on the premises, where the program is being conducted, or traveling to/from The Learning Network activities.

Name of Student: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)



## Participation Agreement

I \_\_\_\_\_ agree to participate in the Torch of Wisdom Foundation's The Learning Network Employability Skills program. The Learning Network is an employability readiness and job skills development program. As a condition of participation, I agree to the following:

### Work Readiness Program

1. I will be responsible for getting to all program workshops on time.
2. I will participate in all workshops and activities.
3. I understand that only one excused absence is allowed.
4. I will communicate any potential absence to the Program Coordinator before the day of the workshop, if possible.
5. I understand that any unexcused absence may result in being terminated from program.
6. I understand that I will receive a stipend \$50 per week payable in three installments from The Learning Network for successful participation in the workshops and activities, not to exceed \$250, payable in accordance with the attached schedule.
7. I understand that if I miss any workshop sessions my stipend may be reduced.
8. I will be responsible for getting myself to and from the work experience site.
9. I will dress in attire suitable for the workplace.
10. I understand that I can only have one (1) excused absence from workplace assignment.

Name \_\_\_\_\_

**Participant Signature**

\_\_\_\_\_

**Date**



## Parental Agreement and Record Release

I \_\_\_\_\_, parent of \_\_\_\_\_, agree to support my child in completing all the participant's requirements of The Learning Network Employability Skills Program.

\_\_\_\_\_  
**Signature Parent/Guardian**

\_\_\_\_\_  
**Date**



## **Photo/Video/Media Release**

The Torch of Wisdom Foundation, Inc. will use photography and videos as a means of publicizing and/or promoting programs provided to the community. From time to time, electronic and/or print versions of pictures or videotapes will be used to record, promote, and/or publicize the services.

Your signature acknowledges that you have been informed of our intent and give us permission to use your image as indicated.

If under the age of eighteen years, parental consent is required.

I, \_\_\_\_\_, give my consent to be photographed and/or videotaped for the purpose stated above. I further consent that the pictures/videotapes may be used to publicize, promote, and record the activities of The Torch of Wisdom Foundation, Inc.

**Adult Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Release provided for minor child:**

**Print Name** \_\_\_\_\_