



Authorization for Release of Information

Youth Career Connect is an initiative of Better Together Central Oregon (“Better Together”) that aims to increase quality internship opportunities where young people can apply their academic experiences in workplace settings. Youth Career Connect “Internship Coordinators” work at the Bend Chamber of Commerce, Economic Development for Central Oregon (EDCO), Madras-Jefferson County Chamber of Commerce, and Prineville-Crook County Chamber of Commerce to connect young people and employers for internship experiences. Internship Coordinators share data with Better Together to evaluate program effectiveness and improve the program to better meet youth and employer needs. As a program of the High Desert Education Service District (“HDESD”), Better Together maintains education records in accordance with the Federal Education Rights and Privacy Act (“FERPA”), which is a federal law that protects the privacy of individual student education records created or maintained by a school district that receives federal funds. **Completion of this release form authorizes the disclosure of protected education records as outlined below.**

Data Sharing: By signing below, I hereby authorize the **Youth Career Connect Internship Coordinator** and the school or program identified below to share information I provide in enrolling and participating in a Youth Career Connect internship (such as the participant profile, survey data, etc.) with Better Together. Better Together will use this information to track regional internship placements and the impact of the Youth Career Connect initiative on regional education outcomes. Personally identifiable information collected by Better Together will not be shared or disclosed to any other entities not specifically identified in this agreement. I acknowledge that my participation with Youth Career Connect is voluntary, that I may withdraw at any time, and that I will receive no financial compensation from Better Together for participating.

_____ I/We GRANT permission to the entities listed in this document to share the information obtained by participating in a Youth Career Connect internship.

_____ I/We DO NOT GRANT permission to the entities listed in this document to share the information obtained by participating in a Youth Career Connect internship.

Photographs and Related Personal Identifiers: Better Together/Youth Career Connect produces printed and digital publications, including social media posts, websites, brochures, and presentations, to inform the community and promote the Youth Career Connect initiative. By granting permission to Better Together to use my photograph and/or video, and to publish related personal identifiers, including my name, my school/program, and/or the name of my internship placement, in Better Together’s publications, I understand that any such photograph and/or video will become property of Better Together and will not be returned. By signing below, I also hereby irrevocably authorize Better Together to edit, alter, copy, exhibit, publish, or distribute this photo for purposes of publicizing Better Together’s programs or any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my image appears. I also waive any right to royalties or other compensation arising or related to the use of the photograph.

_____ I/We GRANT permission for myself or this minor’s photo/image, video, and the personal identifiers listed above to be published in printed or digital form.

_____ I/We DO NOT GRANT permission for myself or this minor’s photo/image that includes this student to be published in printed or digital form.

I have read this authorization and I understand it. My authorization for the use and disclosure of the information identified above is voluntary. I understand I have the right to inspect, copy, and challenge the content of the education records for which I am authorizing release.

Participant Name (Please Print) Signature Date

Student ID # (If applicable) Participant Date of Birth (DD/MM/YYYY) Current School/Program Name

Parent/Guardian Name (IF UNDER 18) Signature Relationship to Participant Date



STUDENT AGREEMENT

The Youth Career Connect Internship program is designed to give students and young people in Central Oregon an opportunity to explore a career in their area of interest and learn more about local career pathways. The following is a list of responsibilities of an intern matched with an employer through the Youth Career Connect partnership:

As a condition of being placed in a Youth Career Connect internship, I agree to the following:

- 1. I will attend my internship in accordance with the schedule I am provided or that is agreed upon with my supervisor.
2. I will treat my internship experience as I would a job and will notify my worksite supervisor if I cannot attend my scheduled shift for any reason with as much prior notice as possible.
3. I agree to give my internship priority and will not be absent unless absolutely necessary.
4. I will complete all paperwork and/or surveys requested by the internship coordinator or my worksite supervisor on time.
5. I understand that it my responsibility to submit all of the necessary forms and information requested at the start and completion of my internship.
6. I will perform my internship duties in a way that reflects positively both upon me, the Youth Career Connect partnership, and my school or program.
7. I will perform all assigned duties at the worksite in a commendable manner, working effectively both independently and with others.
8. I will accept all informal and formal evaluations by my worksite supervisor and will work with the internship coordinator for continued improvement toward my internship goals, learning objectives, and to obtain workplace skills.
9. I will abide by all rules and regulations of the worksite and will act in an ethical manner at all times.

I understand the above statements, and I agree to follow the requirements listed to the best of my ability. If I do not comply, my internship placement may be terminated.

Student's Signature

Date

Student's E-mail

Student's Phone #

[For participants under 18]I have read and understand the responsibilities of my child's participation in a Youth Career Connect internship.

Parent's Signature

Date

Parent's