



Urban Alliance Parent/Guardian Approval and Release

Parent/Guardians support will be an important part of the Urban Alliance program. Your signature is required for your student to apply and participate in the Urban Alliance and Martha's Table junior program.

If selected for The Urban Alliance Junior Program, Intern(s) will attend professional development workshops after school, twice a week from 3:00pm-4:30pm. Upon successful completion of the junior program, the student will transition into their senior year where he/she will report to his/her jobsite Monday-Thursday 2:00pm-5:00pm. Senior interns will attend professional development workshops once a week throughout their entire senior year. Senior intern(s) will have the opportunity finish off his/her internship 5-6 weeks into the summer while continuing to attend workshop once a week.

I _____ (print name), as legal guardian of _____ (print students name) hereby authorize him/her to participate in the aforementioned activities. I agree to allow his/her assigned representative of Urban Alliance to obtain his/her academic and or attendance records. I agree to allow any representative of Urban Alliance to obtain his/her college attendance records from the National Student Clearinghouse. I certify that the information filled out on the previous pages is correct to the best of my knowledge.

I understand that my student's participation in the Urban Alliance Program may be terminated at any time if she/he is unable to abide by Urban Alliance policies, or demonstrate inadequate performance during professional development workshop. I understand that Urban Alliance promotes self-sufficiency; therefore, primary communication must be held between my student and his/her Program Coordinator.

I also understand that my student's internship opportunity may be terminated if I contact his/her jobsite and/or Mentor directly regarding any issues and or concern's. Furthermore, I understand that my concerns must be directed to my student's Program Coordinator and or the Urban Alliance team, as the Intern is employed by Urban Alliance. I acknowledge that it is prohibited to contact mentors or jobsites as a matter of Urban Alliance policy.

Please select one: YES, I agree NO, I do not agree

In addition, I authorize Urban Alliance or its designees to take and use photographs, audio/visual recordings, quotes, or stories of my student or their experience with Urban Alliance publicly in any form (including, but not limited to, marketing, communications/public relationships, and media (traditional and social)) in support of our program.

Please select one: YES, I agree NO, I do not agree

Parent/Guardian's signature _____ Date _____

Daytime phone # (_____) _____

Evening phone # (_____) _____

Comments or Concerns: