



Urban Alliance Detroit Parent/Guardian Approval and Media Release

Parent/Guardian support is an important part of the Urban Alliance High School Internship Program (HSIP). Your signature is required for your student to apply for and participate in an internship through Urban Alliance. Urban Alliance is partnering with the Detroit Public Schools Community District to provide its core youth employment model – the HSIP – to high school seniors enrolled in Randolph Career Technical Center, Breithaupt Career Technical Center, or Osborn High School.

During the school year, your student will be leaving his/her school campus to work up to 12 hours per week Monday through Thursday at his/her assigned internship jobsite (starting October 2019 through June 2020) and up to 32 hours per week Monday through Thursday, during the summer after graduation ending no later than August 2020. Students typically work from 1:30 p.m. to 4:30 p.m. during the school year and 9 a.m. to 5 p.m. during the summer. Your student's working hours are subject to change (but will not be outside of regular business hours) and Urban Alliance will coordinate with the student and his/her jobsite to develop a schedule that meets the needs of both parties. Throughout the year-long program, students are also required to participate in a Urban Alliance continued development workshop on Friday afternoons, usually from 12:30 p.m. to 3:20 p.m.

Internship Participation

I understand that HSIP participants will be selected from students who successfully complete approximately 6-weeks of pre-employment training ("Pre-Work"). Completing Pre-Work does not guarantee your student an internship placement. Any participant not placed in an internship will be placed on a waitlist for future consideration should an internship vacancy arise. I understand that my student's internship opportunity may be terminated if s/he is unable to abide by Urban Alliance policies, applicable jobsite policies or demonstrates inadequate performance at the job site. I understand that Urban Alliance promotes self-sufficiency; therefore, primary communication must be held between my student and his/her Program Manager. Furthermore, I understand that my concerns must be directed to my student's Program Manager and/or the Urban Alliance team. I acknowledge that it is prohibited to contact mentors or jobsites directly as a matter of Urban Alliance policy.

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

High School Records

I agree to allow Urban Alliance to collect my student's high school education records, including eligibility for free or reduced priced lunch; English Language Learner and Special Education statuses; dates of attendance; previous high schools attended; withdrawal date and reason; absences; suspensions, and GPA by year as well as cumulative GPA; and class rank, for all years of high school attendance in your current city. I recognize the records shared under this agreement will not be used to determine program eligibility and individual level data will not be shared outside Urban Alliance.

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

College Records

I agree to allow any representative of Urban Alliance to obtain my student's college attendance records from the National Student Clearinghouse.

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

Media Release

I authorize Urban Alliance, DPSCD or their respective designees to take and use photographs, audio/visual recordings, quotes, or stories of my student or his/her experience publicly in any non-commercial form (including, but not limited to, marketing, communications/public relations, and media (traditional and social) in support of our program.

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

I hereby release, waive, discharge and covenant not to sue Urban Alliance, DPSCD and their respective officers, employees and agents, from any and all liability to me, for all losses, injury, death or damage, and any claims or demands thereto, on account of injury to person or property, or resulting in my death as result of my student's participation in the Program, except to the extent of any gross negligence or intentional misconduct by Urban Alliance or DPSCD.

I \_\_\_\_\_ (print name), as legal parent/guardian of \_\_\_\_\_ (print student's name) hereby authorize him/her to participate in the above activities and agree to the media release.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime phone # (\_\_\_\_) \_\_\_\_\_ Evening phone # (\_\_\_\_) \_\_\_\_\_