

CHARLESTON COUNTY
2017 SUMMER YOUTH EMPLOYMENT PROGRAM
AGE CERTIFICATION FORM

ALL APPLICANTS:

APPLICANT INFORMATION:

Full Name _____

Last 4 digits of Social Security Number: _____

Age: _____ Birth Date: _____

Check one of the following:

"" I am over 18. (Please sign below.) "

"" I am under 18, and I **am** presently attending college. (Please sign below.) "

"" I am under 18 and **am** attending high school. (Please sign below AND have a parent or guardian fill out the bottom portion.)

Applicant's Signature _____

PARENT'S/GUARDIAN'S CONSENT:

I, _____, certify that I am the parent or guardian of the minor applicant whose name appears above. By signing this form I agree to all of the following:

1. I consent to the minor applicant's participation in the 2017 Summer Youth Employment Program (2017-SYEP)
2. I certify that all of the information contained in the minor's application is correct and true.
3. I give permission to Charleston County to photograph/interview my minor child. I understand that Charleston County would only use the photograph/interview (or a portion of it) to describe, promote, or publicize Charleston County's programs.
4. I release Charleston County from any future claims, as well as from any liability, arising from any use of the photograph/interview.
5. I understand that my child will be paid for his/her work, but that I will not receive payment of any kind for allowing my child to participate in the 2017-SYEP.

Parent /Guardian Signature _____

Date _____