

Program Coordinator
Dominic DiSandro
843-958-4700



Lonnie Hamilton, III
Public Services Building
4045 Bridge View Dr., B207
North Charleston, SC 29405

**2019 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 2019 Summer Youth Employment Program (2019-SYEP).
2. I certify that all of the information contain 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 the minor 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 2019-SYEP.

Parent's/Guardian's signature _____

Date: _____