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## 2025 Summer Youth Internship 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. (Please sign below AND have a parent or guardian fill out the bottom)

Applicant's Signature: \_\_\_\_\_

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#### 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 2025 Summer Youth Internship Program (2025-SYIP)
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, and that I will not receive payment of any kind for allowing my child to participate in the 2025-SYIP.

Parent's/Guardian's signature \_\_\_\_\_

Date: \_\_\_\_\_