



**Agassiz Baldwin Community**

20 Sacramento Street Cambridge MA 02138  
Phone: (617) 349-6287 Fax: (617) 497-4388  
www.agassiz.org

**STEP 2 OF 3**

**Youth Employment Program: School Year  
Parent/Guardian Permission Form**

**Permission to Apply**

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_, to apply to the Youth Employment Program at Agassiz Baldwin Community and Maud Morgan Arts.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to YEP volunteer: \_\_\_\_\_

**Emergency Medical Treatment**

I hereby give Agassiz Baldwin Community staff permission to administer first aid and/or CPR to my child and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. My preference for hospital if possible is \_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your Child In Media Permission**

We love to capture our memories! Photos, videos, and other media are an important way to remember the fun times we've had. On occasion ABC might also use media for marketing purposes. Please check one:

\_\_\_\_\_ Yes, I authorize Agassiz Baldwin Community to use media, and/or publish photographs, video, and other media of my child for commemorative and/or marketing purposes.

\_\_\_\_\_ No, I DO NOT authorize Agassiz Baldwin Community to use media, and/or publish photographs, video, and other media of my child for commemorative and/or marketing purposes.

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ABC/MMA policy regarding YEP volunteer supervision:**

We will directly oversee/supervise your child **only** during the time he or she is with us. We will not assume any responsibility for your child's whereabouts **before** coming to us or **after** leaving the YEP program. Upon their arrival at ABC/MMA, each YEP volunteer will sign-in and include the time of his or her arrival. Upon departure, each YEP volunteer will sign-out, include the time of his or her departure and method of going home (walk, public transportation, parent/caretaker pick-up.) You will be able to review this sign-in/sign-out sheet at any time. In addition, we will attempt to contact you directly if your child is absent and has not notified us of his or her absence in advance.

Method of my child's arrival: \_\_\_\_\_ Method of my child's departure: \_\_\_\_\_

YEP volunteers may be sent to get supplies between our agency buildings and will do so unsupervised. For some YEP positions, students are given a break and they will not be supervised during this time.

I have reviewed the ABC/MMA policy stated above regarding supervision of my child when he or she is participating in the YEP program. I agree to the limits of supervision by ABC/MMA staff over my child as indicated in this policy. I have reviewed the position descriptions on www.agassiz.org and I give my child permission to apply for the positions they have listed on the Student Application Form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_