

## YouthWorks Confidentiality Statement and Release Form

The program you are about to enter is paid for by the state of Massachusetts; Commonwealth Corporation runs the program for the state and needs to be able to report how well the program is working and whether or not it is meeting its goals.

Being able to show that teens and young adults who take part in work-readiness training and temporary job placements are succeeding in the workplace and in related educational programs is important. It helps continue the program funding. We will keep this information confidential. Thank you for your assistance.

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To be completed by the participant:

I, \_\_\_\_\_, agree to allow

(local program name) \_\_\_\_\_ to give information about my job placement, my pay, as well as other information from interviews, reports from career counselors, employers, or other sources. I understand that information I give to project staff about myself will be kept confidential while also being used to generate reports on how the program is running.

I understand that giving my social security number is part of the program application. I further understand that this information will be used to get state employment information necessary to evaluate the program; my identity (my name, address, etc.) will not be connected to the information obtained by the state.

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

Sign your name

## Appendix 5b

### YouthWorks Confidentiality Statement and Release Form

#### YouthWorks declaración de confidencialidad

The program you are about to enter is paid for by the state of Massachusetts; Commonwealth Corporation runs the program for the state and needs to be able to report how well the program is working and whether or not it is meeting its goals.

El programa YouthWorks está pagado por el estado de Massachusetts; Commonwealth Corporation maneja el programa para el estado y tiene que reportar los éxitos, los problemas, y si está alcanzando los objetivos.

Being able to show that teens and young adults who take part in work-readiness training and temporary job placements are succeeding in the workplace and in related educational programs is important. It helps continue the program funding. We will keep this information confidential. Thank you for your assistance.

Es importante mostrar que los adolescentes y adultos jóvenes que participan en los entrenamientos de empleo y empleos temporales tengan éxito en sus carreras profesionales y en programas educacionales. Es necesario demostrar los éxitos recibir más financiación. Esta información es confidencial. Gracias por tu ayuda.

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To be completed by the participant:

Para ser completada por el participante:

I, \_\_\_\_\_, agree to allow

(enter local program name) \_\_\_\_\_ to give information about my job placement, my pay, as well as other information from interviews, reports from career counselors, employers, or other sources.

I understand that information I give to project staff about myself will be kept confidential while also being used to generate reports on how the program is running.

Yo, \_\_\_\_\_, autorizo que

(nombre del programa local) \_\_\_\_\_ puede compartir información de mi empleo, sueldo, y también otra información de la entrevista, reseñas de consejeros de carreras, empleadores, u otras fuentes. Entiendo que la información que comparto con los empleados del programa es confidencial pero usarán para producir reseñas.

I understand that giving my social security number is part of the program application. I further understand that this information will be used to get state employment information necessary to evaluate the program; my identity (my name, address, etc.) will not be connected to the information obtained by the state.

Entiendo que tengo que proveer mi número de seguridad social en la aplicación. También entiendo que Commonwealth Corporation usará la información para evaluar el programa; la identidad (nombre, dirección, etc.) no es conectado a la información utilizado por el estado.

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

Sign your name

\_\_\_\_\_ Fecha: \_\_\_\_\_

Firmar el nombre