



## **PARTICIPANT/PARENT/GUARDIAN CONSENT FORM**

*All participants are required to complete the following information. Parents/Guardians of participants 18 years or younger will need to complete the following information on behalf of the participant. **Return to the Montana Youth Transitions Project Region 1, c/o Isaac Baldry, 720 S. Jordan, Miles City, MT 59301, or FAX (406) 443-3796, ATTENTION: June Hermanson, or scan and email to [itbaldry@gmail.com](mailto:itbaldry@gmail.com)***

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My son or daughter has been invited to be part in a Job Shadowing Opportunity which will be coordinated by the Montana Youth Transitions Project staff member \_\_\_\_\_

My son or daughter will attend the pre-arranged Job Shadowing activity at (business) \_\_\_\_\_ Participants will learn about career opportunities and the types of skills needed to succeed in the working world.

I understand that, following the receipt of this initial consent, my son or daughter will be participating in Job Shadowing activities.

### **PERMISSION TO PARTICIPATE IN Job Shadowing Activities**

My son or daughter, \_\_\_\_\_, will participate in Job Shadowing activities on (date) \_\_\_\_\_, in \_\_\_\_\_.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PHOTO/NAME RELEASE.** I further understand that the Job Shadowing opportunities can attract attention from the media and that it is used to promote ongoing partnerships between schools, disability organizations and employers. Additionally, I understand that participating students/job seekers' names will be provided to the MYTransition Project team to promote me/my son/daughter's involvement with Job Shadowing and my/their unique mentoring story. I hereby grant permission to release the name, photograph(s) and mentoring stories of me/my son/daughter for promotional and educational purposes.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**