

Work-Based Training Program Participation and Information Sharing Agreement

PDX Youth@SummerWorks and Youth Work Experience Programs are publicly funded programs for paid work experience and are programs of/partnerships with Worksystems. By signing this agreement, I am consenting to the terms of participation in a work-based training program and agree to the sharing of certain information about me between program service agencies and sponsors.

In order to participate in this program, I understand that I must meet the following minimum eligibility criteria:

- Be between the ages of 16 – 24 (or be over the age of 24 and enrolled in a program that allows age 25 or older participants)
- Be able to document legal to work status (by completing an employer required I9 Form)

I understand that before I can participate in PDX Youth@SummerWorks or other Worksystems programs and be considered for a paid work experience, I must complete the following prerequisites:

- Complete the PDX Youth@SummerWorks Application.
- Review and sign this Work-Based Training Program Participation and Information Sharing Agreement, which includes the Photo/Media Release.
- Schedule and attend a Program Orientation and bring this signed release to Orientation staff.

For all documents that require signatures, participants under the age of 18 **must** also have signed approval by a parent/guardian/surrogate.

After I have satisfied these prerequisites, worksite matches may be made and/or I can meet with contracted program staff by phone, email, or in person to get assistance with this program and paid work experience placements.

I understand this is a publicly funded program for paid work experience and my agreement to these terms does not guarantee I will be placed in a paid work experience.

Paid Work Experience – General Conditions and Expectations

I understand that if I am selected for a paid work experience, Worksystems will serve as the employer of record, and that I will be required to comply with the applicable employment policies and requirements of the organization or entity for which I am working.

If I am selected for a paid work experience, I will receive additional information about the terms and requirements of participation in that experience and I understand that I (and my parent/guardian/surrogate if I am under the age of 18) must agree to those terms prior to starting my work experience.

Release of Claims

I hereby fully and forever release and discharge Worksystems and its respective affiliates, directors, officers, employees, and agents from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in PDX Youth@SummerWorks or any other Worksystems programs that I participate in.

I agree not to make or bring any such claim or demand against Worksystems, and fully and forever release and discharge Worksystems from liability under such claims or demands. I understand that this release discharges Worksystems from any liability or claim I may have against Worksystems with respect to any bodily injury, personal injury, illness, death, property damage, or property loss that may result from any activities I engage in, whether caused by the negligence of Worksystems or otherwise. I agree that this release is intended to be construed as broadly and inclusively as permitted under Oregon law.

My signature indicates I have read, understand and agree to the disclosures, releases and conditions outlined in this agreement and I certify the information provided is current and is true to the best of my knowledge as of the time it was submitted or updated. I understand this information may be reviewed and verified by contracted program staff. I also understand I may need to provide documentation to prove my eligibility and sign additional releases if I am to engage in other work-based training opportunities.

Worksystems is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. To place a free relay call in Oregon dial 711. This program financed in whole or in part with federal funds provided through Worksystems.

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Release of Information

This Release of Information explains the personal information Worksystems will collect, how it is collected, and how it will be shared and used in connection with participation in PDX Youth@SummerWorks and Youth Work Experience programs. Some categories of information requested are optional, and others are required because they are necessary to provide the services you are requesting or because organizations providing funds for Worksystems programs require it.

I consent to my information being collected and shared as outlined below. If I have questions about how my information is collected and shared, I will contact help@summerworkspdx.org.

Categories of personal information that I must provide:

- Name
- Social Security number
- Date of birth
- Gender
- A current phone number
- Email address
- Address
- Whether I am willing to accept text messages
- Ethnicity
- Race
- Other demographic information
- Legal working status
- Current education level
- Current school
- Current employment status
- Desired job position(s)
- Knowledge and skills related to job matching

Other categories of personal information that I may, but am not required to, provide includes:

- Participation/receipt of services by other community-based organizations or programs;
- Resume;
- Other employment, economic, and background information, such as information related to:
 - Foster care
 - English language learner
 - Homelessness or runaway status
 - Disabilities and need for workplace accommodations
 - Immigrant or refugee status
 - Sexual orientation
 - Parental or pregnancy status
 - Eligibility for free and reduced-price lunch programs
 - Receipt of other public assistance (e.g., TANF, SNAP, SSI, SSD, Refugee)

From time to time, I may be asked to provide other types of non-required information.

How is my information collected?

My information is collected when I provide it through the program application and I understand that will be shared as outlined in this agreement.

Who receives my information and what are the reasons for which it is shared?

The table below outlines who will receive my personal information and the reasons for it being shared.

Organization/Other	Personal Information Shared	Purpose for Sharing
Worksystems Including its affiliates such as NextGen Service Providers	All information I provide	Worksystems will have access to all information I provide to administer the programs and services I am seeking to participate in. It may also use my information to identify other potential funding sources and the eligibility for certain programs. Worksystems uses the personal information of program participants for statistical or demographic studies and to evaluate and report to funding sources and others the status, including outcomes, of its programs and other services.
Parents/legal guardians of participants under 18 years of age	All information I provide	If I am under 18 years of age, Worksystems is required to provide all parents and legal guardians of participants access to all information provided.
Contracted Program Operators	All information I provide	Worksystems coordinates with Community-based Agencies to provide work and internship opportunities. If I am employed through PDX Youth@SummerWorks, Worksystems will be my employer of record. IRCO contracts with employers and internship providers with whom I may be placed. IRCO and Community-based Agencies have access to all information I provide so it may evaluate work and internship opportunities for me.
State of Oregon Employment Department (OED)	<ul style="list-style-type: none"> • Name • Date of birth • Gender • Social Security Number 	This is used for wage matching to confirm employment during and post program participation.
Oregon Department of Human Services	<ul style="list-style-type: none"> • Name • Date of birth • Gender 	The Oregon Department of Human Services (DHS) provides funding for PDX Youth@SummerWorks internships that is limited to interns that are eligible under programs managed by DHS. The information shared with DHS is to determine whether their funding can be used for a participant's internship.
Portland Public Schools (PPS)	<ul style="list-style-type: none"> • Name • Worksite • Hours Worked 	Worksystems' receives funding from PPS to prepare students for a successful summer internship (SummerWorks) experience, to earn credit and meet graduation requirements.
Community Referral Partners	<ul style="list-style-type: none"> • Name • Email Address • Program Status • Next Steps Plan 	Community-based programs and schools enter into an agreement to prioritize qualifying youth referred for participation.
City of Portland (this only applies to participants that work in an Internship funded by the City of Portland)	<ul style="list-style-type: none"> • Name • Email address 	The City of Portland contract requires this information. The City may follow-up with the participant on career opportunities, job shadow or informational interviews.

Organization/Other	Personal Information Shared	Purpose for Sharing
Oregon Department of Education (DOE)	<ul style="list-style-type: none"> • Name • Date of birth • Gender • Social security number 	Worksystems shares data with DOE for the purposes of tracking educational attainment to evaluate program effectiveness and outcomes.
Higher Education Coordinating Commission (HECC)	<ul style="list-style-type: none"> • Name • Worksite • Wages earned 	Worksystems' contract for serving DHS youth comes through HECC and data is provided to demonstrate outcomes.

Worksystems may also use or provide to third parties aggregated information for the purpose of conducting studies designed to improve the education, training, and quality of Oregon's workforce.

Except as noted above, Worksystems will keep my personal information confidential and take reasonable steps to secure my personal information from accidental loss and from unauthorized access, use, alteration, and disclosure.

I recognize that the transmission of information via the internet is not completely secure and Worksystems is therefore unable to guarantee the security of that information. I assume the risk associated with any transmission of personal information, and Worksystems is not responsible for circumvention of any privacy settings or security measures.

Finally, I recognize that Worksystems may be required to disclose my personal information in certain circumstances, such as:

- An order by a court or pursuant to a subpoena;
- To protect my health or safety, or the health or safety of another participant or other person; and
- I have signed a Release of Information with a third party authorizing the release of my information.

If I enter into an employment or internship relationship with a third party as a result of my participation with a Worksystems program, the information I share with that third party under that relationship is not covered by this agreement.

Photo/Video Release

From time to time, Worksystems may use photographs or videos of program participants for multiple purposes including, but not limited to, for organizational publications, websites, or informational, outreach, and instructional material.

This release allows Worksystems to take and use my photograph and/or video footage including me. Such photographs and/or video footage may also be obtained from contracted program partners. Under this release, photographs and videos will only be taken of me engaged in activities directly related to my Worksystems funded activities.

Unless I provide further specific consent, photographs and videos will only identify me by my first name and provide general information about my activity or worksite. I waive any right I may have to inspect or approve any finished product.

This release is valid for the duration of my participation in Worksystems funded programs. I may choose to cancel this authorization at any time, and I understand that cancellation will only apply to photographs or videos taken or obtained after the date of the cancellation. If I choose to cancel this authorization, I understand the cancellation must be in writing, signed and dated and further that the cancellation will not affect any information that has already been released or used prior to Worksystems' receipt of the cancellation.

I agree that all photographs and videos taken during my participation in this program while this release is in effect are the property of Worksystems. I authorize Worksystems to use information covered by this release in perpetuity.

I hereby release, discharge, and agree to hold harmless Worksystems from all claims, demands, or causes of action that I may have by reason of this release or use of my likeness.

I understand that if I have any concerns about signing this release, I may contact Worksystems to discuss my concerns and review options.

Sign and Submit this Form

You (and your parent/guardian/surrogate if applicable) must sign this agreement and bring it with you to your PDX Youth@SummerWorks Orientation session. Failure to submit a fully signed form will prevent you from participating in the PDX Youth@SummerWorks program.

PARTICIPANT NAME	PARENT/GUARDIAN/SURROGATE NAME (if Youth is under age 18)
PARTICIPANT SIGNATURE	PARENT/GUARDIAN/SURROGATE SIGNATURE (if participant is under age 18)
DATE	DATE

Social Security Number Disclosure

Providing your Social Security Number is voluntary. If you provide it, your number will be used for keeping records, doing research, and planning. Your Social Security Number will be not given to the general public. If you choose not to provide your Social Security Number you will not be denied any services. Providing your Social Security Number means that you consent to use of the number in the manner described below.

How Your Social Security Number will be Used

State and Federal law protects the privacy of your records. The Workforce Innovation and Opportunity Act (WIOA) is a federal law that creates a One Stop system for training and employment services. By combining employment and training services at one site, you receive better service.

The Federal law authorizes Worksystems, Inc., the local Workforce Investment Board, and its subcontractors to request that you voluntarily provide your Social Security Number to be used for the following purposes: 1) As an identification number in maintaining and matching records; and 2) as an identification number for gathering information to be used for program evaluation and planning, as required under State and Federal law.

The Social Security Number you provide could be shared and used by Worksystems, its subcontractors and other organizations authorized to use such information for the purposes stated above as allowed by applicable Federal and State laws. When you allow Worksystems and its subcontractors to use your Social Security Number, other documents we have with your Social Security Number on them may be used for the same purposes as stated above.

Your Rights

Failure to provide your Social Security Number will not be used as a basis to deny you any service. Other programs may request or require you to give your Social Security Number as a condition of obtaining services. They will separately advise you of this if you apply for their program.

When you sign the application for services and indicate Consent to Release as 'yes,' you are consenting to our use of your Social Security Number as described above. Your signature on the Application acknowledges this understanding.



EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship status or his or her participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at www.dol.gov/crc. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

COMPLAINTS INVOLVING VIOLATIONS OF WIOA REGULATIONS

You must file the complaint within one year of the problem unless you are complaining about fraud or criminal activity for which there is no time limit. We will work with you to resolve the problem to your satisfaction. If resolution has not been reached within 30 days, you may request a formal hearing by contacting Worksystems Inc. at 503.478.7300. Worksystems, Inc. will notify you in writing of what steps to take next and the date, time, and location for a hearing to take place within 30 calendar days from the date you made the request. If a violation of the WIOA has occurred, you can change your complaint any time until 10 days before the date of your hearing. A final written determination will be made within 60 calendar days from the date you filed your complaint. The decision of Worksystems, Inc. is final.

If you are not satisfied with the resolution decision, you can appeal to the State of Oregon. This appeal must be submitted to Executive Director, Office of the Higher Education Coordinating Commission, 255 Capitol St. NE, Salem, OR 97310. It must be submitted in writing within 10 days of Worksystems, Inc. decision or within 15 days of the date you should have received the decision. Timelines can be extended if both you and the respondent agree in writing. You may also withdraw the complaint in writing any time during the complaint process.

TO FILE A COMPLAINT

If you decide to file a complaint, complete the Workforce Innovation & Opportunity Act Complaint form or provide the following information in writing:

- 1) Your full name, address, social security number, phone number or message number
- 2) The name and address of person or organization that the complaint is against
- 3) A clear statement of your complaint, what happened, and the date that the problem occurred
- 4) Provision of the Act (WIOA), regulations, grant, agreement, or Equal Opportunity is the Law statement which you believe was violated
- 5) What satisfaction or resolution you are seeking
- 6) Your complaint must be signed. Anonymous complaints cannot be processed

FOR ADDITIONAL INFORMATION OR TO FILE A COMPLAINT, CONTACT:

Name:	Janice Frater
Organization:	Worksystems, Inc.
Address:	1618 SW 1 st Avenue Portland, OR 97201
Phone:	(503) 478-7300