



CERTIFICATE OF UNDERSTANDING/PERMISSION OF RELEASE

Volunteer Program

_____ I have been informed that during program enrollment and/or upon program completion, I have the opportunity to volunteer my time in the form of mentoring, tutoring, and other activities.

Release of Information

_____ I hereby give my permission for CareerSource Southwest Florida (CSSWF) staff to obtain information or records that may be needed for eligibility determination, applications, monitoring, and follow-up purposes for workforce programs. This information may include, but shall not be limited to training institutions, school records, public assistance, Food Stamps, employment, unemployment insurance, Workers' Compensation, Supplemental Security Income, Social Security Income, retirement benefits, and other income information as required.

_____ I authorize CSSWF to copy my social security card and use the number:

1. To document an application, referral and participation;
2. As an identifying number for payroll and Internal Revenue Service tax return purposes; and
3. To verify information listed on my intake application.

_____ It is also my understanding that any information released will be held in strict confidence by CSSWF staff and disclosed only in the course of official business, for up to five years of the signature date.

_____ A CSSWF representative has explained the purpose of this form and I will not hold anyone liable for any information requested or submitted.

_____ I am an active job seeker, looking for employment opportunities and hereby authorize CSSWF staff to use the information collected on this form to create an account in EmployFlorida. I also allow CSSWF to provide referrals for all open and available job orders in EmployFlorida which my education, my experience, knowledge, skills and abilities meet the requirements to refer.

_____ I hereby give my permission for CSSWF to provide referrals on my behalf to community service providers to assist in the removal of disclosed barriers beyond employment services.

_____ A photocopy or facsimile of this signed consent form may be used to obtain and release information as authorized by the signature on this form.

Privacy Act Statement

Disclosure of your social security number is voluntary. It is requested however, pursuant to Section 119.071(5)(a), Florida Statutes for the administration of workforce programs, and will be used in assessing and reporting program performance and accountability to the federal government.

Applicant Certification Statement: (Not to be signed and dated until all documentation has been provided.)

I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

Participant: _____
Print Name

Signature

Date:

Staff: _____
Print Name

Signature

Date:

If the person is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____ and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent's Signature

Date

www.careersourcesouthwestflorida.com

An Equal Opportunity Employer/Program.

Auxiliary aids and services are available upon request to individuals with disabilities.

All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711