

Applicant Name: \_\_\_\_\_

By signing this, I acknowledge that I have received a copy of the:

- Forward Careers, Inc. (FCI) Appeals Procedure
- Letter from the President of FCI
- Equal Opportunity Policy Statement

I certify that:

- The information provided in this application process is true to the best of my knowledge.
- I understand that the information may be checked and that I may have to show documents to support it.
- I realize that I will be terminated from the program if I am found to be ineligible after enrollment.
- I am aware that I may be prosecuted for fraud and/or perjury if I deliberately give false information.

I agree to:

- Actively participate in the WIOA program, complete items outlined on my Individual Employment Plan including assessment tests, and provide required documentation to enroll in the program and receive ongoing services.
- Maintain regular (and at least monthly) contact with my Career Planner. No contact of at least 90 days will result in automatic expulsion from the program and would impact any benefits being received.
- Provide follow-up information after exit for at least 4 quarters as requested by my Career Planner.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required for participants under age 18)

Career Planner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTOGRAPH AND PUBLICITY RELEASE**

I hereby grant to Forward Careers, Inc. (FCI) the absolute and irrevocable right and unrestricted permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the FCI or its partners. I agree that the FCI has complete ownership of such material and can use said material for any purpose consistent with FCI's mission. These uses include, but are not limited to, videos, publications, advertisements, news releases, web sites, and any promotional or educational materials in any medium. I acknowledge that I will not receive any compensation for the use of such images, video, likeness, etc. I have read and understand this consent and release.

**I give my consent** to FCI to use my name and likeness to promote FCI programs, services, and/or their activities.

Name (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required for participants under age 18)

☐ Applicant declines photograph and publicity release

