 **Attachment 3**

**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

(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.

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