



FUTURES AND OPTIONS

The Future is in Your Hands

Futures and Options Career Essentials Program Student Agreement

The Futures and Options Career Essentials Program provides motivated New York City middle and high school students with the skills and knowledge needed to be successful in a professional workplace. The Career Essentials workshops support students in developing increased confidence and stronger interpersonal and communication skills.

Students are required to attend thirteen 2-hour workshops, which are held once a week. Students must communicate in advance with Futures and Options' program coordinators if, for any reason, they are not able to attend a workshop and/or fulfill their commitment to the program.

Participating students must be available for the entire duration of the program and attend all thirteen Futures and Options workshops in order to successfully complete the program. Students who attend 85% or more of the workshops are eligible to receive a prorated stipend. Participating students will be required to complete pre and post program questionnaires and evaluations during the program. Students may also participate in corporate volunteer events and off-site field trips designed to expose them to the business world and introduce them to young professionals in the workplace.

Futures and Options may utilize student images (photograph/videotape), tape recordings, and/or quotes for any literature, press release, advertisement, website, e-newsletter, and/or in any other Futures and Options materials that promote the mission and philosophy of Futures and Options.

I have read the above description of Futures and Options' work-readiness and career exploration program, Career Essentials. If chosen to participate in the program, I agree to the terms stated above. I understand that if I do not fulfill the program requirements as stated above I will not be allowed to continue in Career Essentials. I also certify that all of the information in my application is true and correct to the best of my knowledge.

Signature of Applicant

Date

Applicant Full Name (Please Print)

Date

I have read the above description of Futures and Options' work-readiness and career exploration program, Career Essentials. If my child is chosen to participate in the program, I agree to the terms stated above. I understand that if my child does not fulfill the program requirements as stated above, they will not be allowed to continue in Career Essentials. I also certify that all of the information in my child's application is true and correct to the best of my knowledge.

Signature of Parent/Guardian

Date

Parent/Guardian Full Name (Please Print)

Parent/Guardian Email

Parent/Guardian Phone



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Futures and Options Career Essentials Program Emergency Contact and Medical Form

Emergency Information (to be completed by Parent/Guardian)

Please indicate the name and phone number of a person we may contact in case of an emergency. If you have medical coverage, please provide the name of the carrier.

Emergency Contact Name: _____

Relationship to Student: _____

Phone (Day): _____ Phone (Evening): _____

E-mail Address: _____

Medical Coverage: _____

Health Information (to be completed by Parent/Guardian)

Please list any allergies your child has (e.g. food allergies, bug bites, or other sensitivities):

Please list any medical conditions your child has that you would like to disclose:

Does your child take any medication? Yes _____ No _____

Medication Taken: _____ When Taken _____ What for? _____

I will hold neither Futures and Options nor any of the staff responsible for any accident or injury to my child. In the event my child is injured or in any way requires medical attention, the Futures and Options staff has my authorization to seek help on his/her behalf. I have indicated any permanent or temporary medical condition about my child in the space above.

I understand that my child is responsible for his/her behavior at all times. I agree to indemnify Futures and Options for any damages caused by my child. I agree not to hold Futures and Options or any of its staff members responsible for any expenses or injuries my child may incur while engaged in the program.

Please contact Futures and Options at **(212) 601-0002** with any questions or concerns.

By signing below, you agree to your child's participation under the above conditions.

Signature of parent/guardian

Printed name of parent/guardian

Date