

Form #4770A (4/15)
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**YOUTH ASSISTANCE PROGRAM
STATEMENT OF PARENTAL CONSENT**

_____ Correctional Facility _____ Date of Request

(This form must be completed by the school/agency/group requesting the program; the parent or legal guardian of the youth; and the Deputy Superintendent for Program Services at the participating facility.)

The parent/legal guardian must be informed that the Department of Corrections and Community Supervision requires that each outside participant under 18 years of age must have a signed parental consent form completed by the parent or legal guardian prior to his/her arrival at the correctional facility.

Members of the media may be present to observe the program if prior written approval has been obtained as required in Directive #0401, "Release of Information to the News Media." In this scenario media will only be allowed to accompany the youths participating in the program during their interactions with the inmate facilitators. Media will not be allowed during youth processing, escort, lunch, tour, or other program activities. Prior to completion of the program, facility staff, inmate facilitators, and youth may choose to talk the media.

Departmental regulations require that each participant be properly dressed; have proper identification on their person. They must not be in possession of any type of contraband including weapons, drugs, electronic devices such as laptops, cell phones.

Section I: (To be completed by school, agency, group requesting to bring youth to the Youth Assistance Program (YAP) program.)

_____ Name of Organization

(Print Name of Person (s) Responsible for Supervising Youth) (Signature) Date

Please note that the Department recommends one responsible supervisor for every five youths.

_____ in conjunction with _____

Name of Organization Name of Correctional Facility to be Visited

is requesting parental consent for

_____ to participate in
Name of Youth Date of Birth Age (M) / (F)

the Youth Assistance Program on _____
Date of YAP Visit

Section II: (To be completed by parent/legal guardian)

I _____ hereby affirm that I am the parent or legal guardian of the above
(Name)

named youth, and grant my consent for _____ to participate in the
(Name of Youth)
Youth Assistance Program at _____ on _____.
(Name of Correctional Facility) Date

I am aware that the above named youth will participate in an educational/crime prevention deterrence program conducted by inmates and supervised by Correction Officers.

I am not aware of any relative(s) or friend(s) of the above named youth being incarcerated in the above named correctional facility at this time.

Participant's Signature: _____ Date of Birth: _____

Parent/Legal Guardian Signature: _____ / _____
(Date of Signature)

I do give () do not give () permission authorizing the use of my child's name, comments, still or video pictures for any legitimate purposes including publication by the media.

PARENT CONTACT INFORMATION:

Telephone: (Home): _____ (Business: _____
(Cell): _____ (E-mail): _____

Section III: (To be completed by Deputy Superintendent for Program Services)

_____ Deputy Superintendent for Program Services at
(Name)

_____ Correctional Facility have reviewed the above Parental Consent Form

submitted by _____. I verify that the information is accurate and approve
(Name of Organization)

_____ to participate in the Youth Assistance Program of this facility on _____.
(Name of Youth) (Date of Program)

Signature, Deputy Superintendent for Program Services

Date of Signature