WEEK OF ACTION: Particpant Release Form

Please select **ALL** that apply:	☐ I want to participate **TUESDAY, June 16th** from 10:00-11:00 a.m. **(Session 1)**	☐ I want to participate **TUESDAY, June 16th** from 1:00-2:00 p.m. **(Session 2)**	☐ I want to participate **TUESDAY, June 16th** for **(Both Sessions)**

☐ I WOULD LIKE TO BE MATCHED WITH A RESUME REVIEWER

☐ I WOULD LIKE TO BE MATCHED WITH A MOCK INTERVIEWER

First Name: _____Last Name: _____

Mobile #:_____ School (If applicable) :_____

☐ I acknowledge that I am over the age of 18.

☐ I am under the age of 18, and I am _____ years old. (Minimum age to participate is 16 years old)

Birthday: ___ ___/ ___ ___/ ___ ___ ___ ___

Preferred email address:_____

Please select which one applies:	☐ I will be using a desktop/laptop computer	☐ I will be using my smartphone or smart device (tablet, etc.)	☐ I will be using a Chromebooks/ Chrome OS or Zoom Rooms *(You will only be able to participate in group interviews, these devices are not compatible with breakout rooms.)*

I hereby release, indemnify and hold harmless the United Way of Central Illinois, the Organizers, sponsors and supervisors of all its activities, from any and all liability in connection with the 2020 "Week of Action" Virtual Resume and Interview event on Tuesday, June 16th, 2020 . By signing I also agree that the above information is correct and agree to have a Level 1 background check conducted to protect the volunteers of the Virtual Resume and Interview event, if deemed necessary.

In addition, I hereby grant and assign to the United Way of Central Illinois, Inc., agents, employees, designees, successors or assigns, all my rights, title and interest to photographs/recorded reproductions of my voice, image or photograph and consent that such photographs/recording/videos may be used in any manner they see fit, for any type of advertising or publicity. I further grant permission for the copyright of such photographs/recording/videos and consent that they may be reproduced either partially or in composite, or distorted in character or form, in conjunction with other photographs/recordings/videos, names and reproductions and make through any media.

If under the age of 18, this form must be signed by a parent or legal guardian.

Participant Signature _____ Date_____

Parent/Legal Guardian Signature _____ Date_____

- **PARTICIPANTS WILL RECEIVE AN INSTRUCTIONAL EMAIL ON JUNE 12**
- **PARTICIPANTS WILL REVIEW THE INSTRUCTIONAL EMAIL AND HAVE ALL MATERIALS READY FOR EACH SESSION**

For any questions, contact Katrina Hays at khays@uwcil.org.

United Way of Central Illinois ♦ 1999 Wabash Suite 107 ♦ Springfield, IL 62704 Phone 217/726-7000 ♦ Fax 217/726-9690