#### **STEAM ONWARD**

Mailing Address: P.O. Box 1124 Bryans Road, MD 20616

Phone: 240-515-8558 Fax: 215-975-2369 E-Mail steamonward.org@gmail.com

Website:www.steamonward.org

Please return this form to:

**Young Researchers Community Project** 

c/o Steam Onward P.O. Box 1124

Bryans Road, MD 20616

# **Young Researchers Community Project**

The goal of STEAM ONWARD's youth program **Young Researchers Community Project (YRCP)** is to increase the number of minority and underserved youth entering science, engineering, health, and medical careers.

Youth's Name:				
Name child goes by:			Age:	Grade:
School Youth Attends:	Thomas Stone H.S .	. Westlake H.S.	North Point H	<del>1</del> .S.
La Plata H.S. Lackey I	H.S. McDonough H.S	S. St. Charles H.	S. 🗌 Other	
Describe Your Prior Oppo	ortunities or Interes	st in the sciences:		
Please Select Your Desire	ed YRCP Focus Are	ea or Internship:		
HEALTH CAREERS: Nur S.T.E.M.: Science, Technol				
Has the youth participate	d in <i>Young Resear</i>	rchers Communit	<i>ty Project</i> be	fore? - YES - NO
Parents/Guardian Name:				
Address:				
Address: (Street)	(City)		(State)	(Zip)
Email: (PLEASE print CLEASE)	ARLY)			
Home Phone #:		_Cell Phone #:		
I,	roject, an after schoos s a commitment and ons. I hereby give co	ol program meeting II will make sure m	at y child does r	not miss sessions
Parent/Guardian Signatur	e Date			
I,	() nmitment and will do	outh) understand to mis	hat joining the	e Young Researchei xcept for emergency

Youth's Signature Date Print Youth's Name:				
YRCP PARENT CONSENT FORM				
All items on this form must be filled out completely by the participant and his or her parent or guardian. If an item is not applicable or there is none, indicate by using N/A or None.				
PUBLICITY RELEASE I authorize Steam Onward or its assignees to record or photograph my image and/or voice and that of my child (if under 19), for use in research, educational or promotional purposes and hereby convey all rights in such recordings, photos, videos, or other media to Steam Onward, Inc. or its assignee. I also recognize that these audio, video and image recordings are the property of Black Leadership Council for Excellence.				
I further release Steam Onward, Inc. from any and all claims for damages for libel, slander, invasion of the right of privacy, or any other claims based on, arising out of, or connected with the use of such photographs/ videotapes/audio recordings.				
☐ No, I do not authorize use of my – or my child's – individual image or voice.				
Parent or Guardian Signature				
Date				
Evaluation Release I understand that my child (under 19 years of age) and myself, as a parent or guardian, may be required to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.				

Parent or Guardian Signature

Date

Emergency Contacts  Mother/Guardian Name:	
Work phone:	
Cell phone: Father/Guardian Name:	
Work phone: Home phone: Cell phone:	
Other / relation to youth:	
Work phone: Home phone: Cell phone:	

## Verification

I do hereby release and agree to indemnify and hold harmless Steam Onward, Inc. its agents and assignees from any and all liability that may occur, including but not limited to injuries, medical expenses and damages of whatever kind which may be sustained by my child or said participant on account of any injury resulting from participation in this program.

Parent or Guardian Name	
Parent or Guardian Signature	
 Date	

## YRCP INTERNSHIP AGREEMENT

## Youth—Parent—Steam Onward Agreement

•	nas been accepted to participate and a second control of the secon	
the	Steam Onward Internship Program.	
In o	order that parents and youths understand their responsibilities in such a program it is acknowledged t:	
1.	The youth's primary obligation is to their education, but has equal responsibility to the mentor.	
2.	Training station must be approved by the STEAM ONWARD Coordinator. The youth may not terminate employment or transfer to another mentor or hold more than one job without the consent of the Coordinator.	
3.	The youth represents the mentor and STEAM ONWARD. From the first day of internship the youth's dress must conform to any dress policy of the STEAM ONWARD and mentor. The youth agrees to adhere to and maintain a businesslike attitude toward all policies and regulations.	
4.	The youth is to be available at the time scheduled by the mentor. The youth agrees to notify the STEAM ONWARD Coordinator and the mentor in case of inability to attend the internship assignment by ten o'clock each morning he/she is absent.	
5.	5. The youth will confer with the Coordinator first, rather than the mentor, concerning such matter pay, hours, transfers and other work problems.	
6.	The parents or guardians are responsible for the conduct of the youth while on the job.	
7.	The parent assumes the responsibility for the youth's transportation and safety to/from the training station, or to contact a prospective mentor; his/her safety on the job.	
Da	te:Parent/Guardian:	
Da	te:Youth:	
Da	te:Coordinator:	

Steam Onward, Inc. does not discriminate on the basis of race, color, religion, national origin, sex, age or disability in its programs, activities or employment practices. For inquiries, please contact Bonnetta Adeeb, Youth Coordinator at Steam Onward, Inc P.O. Box 1124, Bryans Road, Maryland 20616. 240-515-8558.

Modified September 1, 2020

#### YRCP INTERNSHIP AGREEMENT

## **Youth—Employer Agreement**

## As a mentor participating in the Steam Onward, Inc.- YRCP Internship Program, I agree to:

- 1. Teach the youth as much of the practical phases of my business as circumstances permit, and provide training for the youth under the direct supervision of a qualified and experienced person.
- 2. Keep the Steam Onward, Inc. Coordinator informed as to the youth's progress by telephone conference, Coordinator visits, and final written evaluations.
- 3. Discuss the final written evaluation with the youth.
- 4. Confer with the Steam Onward Coordinator before releasing the youth because of an unsatisfactory situation in the training program.
- 5. Discuss the internship period of \_\_\_\_\_ days with a maximum of \_\_\_\_ hours per week.
- 6. Comply with the Child Labor Laws of the state of Maryland. (Attach a copy of work permit.)
- 7. A hiring policy that will not discriminate with regard to sex, race, color, religion, creed, national origin, handicap or disability.

### As a youth participating in the Steam Onward-YRCP Internship Pilot Program, I agree to:

- 1. Show my desire to learn, to cooperate with the person teaching me, and to make his/her work as pleasant as possible.
- 2. Adhere to all policies and regulations including security and safety, including COVID-19 health guidelines, and to handle proprietary information discreetly and respect confidences.
- 3. Be on time in getting to internship site, notify the Steam Onward Coordinator and the employer if unable to be in attendance and give a one-week termination notice unless otherwise agreed upon.

Company Name:Address:	
Phone: _( )	
Date:	Employer:
Date:	Youth:
Date:	Coordinator:
Health Information (i.e. Allergies):	

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Modified September 1, 2020

Does your child have any allergies? □ YES □ NO	
If yes, please describe:	
Does your child have any food restrictions? □ Yll If yes, please describe:	ES   NO
List medications your child takes on a regular batter Medication Reason for taking	asis:NONE
YOUNG RESEARCHERS COMMUNITY F	PROJECT
I will maintain each quarter a GPA of 3.00 or above.	
I will attend all sessions of planned programs and wil	
rustworthiness, responsibility, respect, caring, citizens	•
I will be responsive to the reasonable requests of lea	. ,
I will dress appropriately, use appropriate language,	· ·
I will not use alcohol, drugs, or tobacco nor remain in	,
<ul> <li>I will not behave recklessly, engage in sexual miscor abuse public or private property.</li> </ul>	iduct, assault, tilleaten of harm another person no
<ul> <li>I recognize that these guidelines are not "all inclusive</li> </ul>	e" and that YRCP may make adjustments to these
policies.	and that their may make adjustments to those
Young Researchers Community Project Participant an	nd Parent/Guardian:
I have read the YRCP Code of Conduct and agree to my failure to do so could result in a loss of privileges on my being expelled from the project.	live up the expectations. I realize
Youth's Signature	Date
Parent/Guardian's Signature	Date

#### WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT In consideration of being allowed to participate on behalf of STEAM ONWARD's Young Researcher's Community Project (YRCP) youth programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist: and.
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and.
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS STEAM ONWARD, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant:

Participant signature:
Date signed:
FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)
This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.
Name of parent/guardian:
Parent guardian/signature:
Date signed: