Kollab Youth Workforce Development Program WINTER 2026
Parent and Participant Consent Form

## Distance-Based Learning Parent/Guardian Letter

Dear Parent/Guardian,

We are excited to share that your child/youth has expressed interest in participating in the **KOLLAB YOUTH Workforce & Career Development Program.**

KOLLAB YOUTH is an ACCREDITED program dedicated to fostering community growth and economic development by investing in the future of our youth. Our mission is to ensure that young individuals are equipped with the necessary skills to thrive and succeed in the global economy. Through our program, we explore various aspects at the intersection of work experience and education.

KOLLAB YOUTH is a hybrid of in person and virtual distance-based learning for the youth of Los Angeles County. Our dedicated team will facilitate program activities through an online platform, allowing participants to access our resources safely and effectively.

To achieve this, KOLLAB YOUTH will utilize Zoom, a third-party application that enables communication and programming via video conferencing and chat features.

This letter seeks your consent to allow your child to use Zoom for our virtual KOLLAB YOUTH virtual program. Please note that Zoom collects user information and has its own privacy terms and conditions, which must be adhered to by all members. We encourage you to carefully review Zoom's privacy terms and conditions at the following links before registering your child:

- http://zoom.us/terms
- http://zoom.us/privacy

Your support and cooperation in ensuring a safe and engaging learning environment are greatly appreciated. We are excited to provide your child/youth with the tools they need to excel in their future careers.

To ensure a successful and engaging experience in the KOLLAB YOUTH distance-based program, please make sure that your child has access to the following:

- A device such as a computer, mobile, or tablet with a stable internet connection.
- A quiet, dedicated space at home where your child can participate in the program's vitual activities under adult supervision.

To register for Zoom, you will need to provide some customer data, which includes but is not limited to:

- Your email address
- First and last name

For more information on the required data, please visit https://zoom.us/privacy.

We will utilize Zoom for the following program activities:

- Virtual classes (Held every Wednesday & Thursday from 4:30 PM to 5:30 PM)
- Video conferencing sessions
- Media sharing, including uploading images of journal entries, research projects, and other relevant assignments.

By providing the necessary resources and registering for Zoom, you will help create a seamless and enriching learning experience for your child throughout the KOLLAB YOUTH distance-based program.

Ensuring the safety and well-being of our young participants is our top priority at the Kollab Youth Workforce & Career Development Program. We are committed to actively monitoring member activity on Zoom and will make every effort to protect their information by:

- Maintaining control over and access to the collected data
- Prohibiting the re-disclosure of member information
- Limiting the purposes for which Zoom may use member information
- Ensuring that there is no advertising and that no member information is collected for commercial purposes

**Mentoring (Optional)**
Additionally, this letter seeks your consent for your child (aged 16 and older) to be paired with a professional mentor for the duration of the program if they choose to have a mentor. Please note that this is an optional component, and your child may continue the program with or without a mentor. Mentors provide guidance, motivation, emotional support, and role modeling, assisting mentees with aspects such as career exploration, goal setting, networking skills, resume building, job interviewing, and life/school advice. Mentors are top-level career professionals from renowned organizations like Kaiser Permanente, JPL/NASA, Robert Half, Target, Wells Fargo, and others. Mentors will meet virtually once a week throughout the program. Mentorship is exclusively available to participants aged 16 or older, and all mentors are required to pass a background check per Kollab Youth policy.

**Photographs/Video Interviews**
Lastly, we kindly request your consent to allow Kollab Youth to use photos and video footage of your child in promotional materials and social media content, as well as news and press releases.
If you would like your child to participate in the KOLLAB YOUTH program, please complete the attached Consent Form by providing your names, signatures, and the date, and return it to us at your earliest convenience. If you do not wish for your child to participate, no action is required.
If you have any questions or concerns, please do not hesitate to contact us: info@kollabyouth.org

**PROGRAM INFORMATION: kollabyouth.org**

PARENT/GUARDIAN AND PARTICIPANT CONSENT FORM FOR WINTER 2026

## Distance-Based Learning Commitement & Media Release Form

I, _____, wish to be a participant of Kollab Youth's workforce development program in the Winter Session 2026.

I,____(Youth's Initials) promise to prioritize and complete the program's classes and assignments.

I,____ (Youth's Initials) acknowledge classes are every Wednesday and Thursday from 4:30 PM to 5:30 PM.

I,____(Youth's Initials) acknowledge there are online assignments and surveys due every Friday by 5:00 PM.

During classes, ____(Youth's Initials) promise to engage in the conversation at hand as well as listen, learn, ask questions, and always have my camera on. I, ____(Youth's Initials) promise to check my Kollab Youth account for my weekly assignments and complete what is needed. I am aware that the program is nine-weeks long and failure to complete 85% or more of the program will result in not receiving a certificate of completion.

I, along with my parent or guardian, understand that absence should only occur due to absence from school or a real emergency, and a Kollab staff member should be notified if I will not be able to attend for that week.

**Participant Signature**_____ **Date** _____

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## Parent/Guardian Permission, (Participants under 18 only)

I, _____, parent/guardian of _____,
***Print Parent/Guardian's Full Name*** ***Print Child's Full Name***

give permission for him/her to participate in the virtual online **KOLLAB YOUTH** Workforce & Career Development distance-based online program.

I, (***Parent/Guardian Initials)***_____, grant permission for **KOLLAB YOUTH** to pair my child with a professional mentor to virtually meet with them on a weekly basis for the duration of the program's timeline. Mentorship is only available to children who are 16 years old or older in age. This is **OPTIONAL**.

I, (***Parent/Guardian Initials)***_____, grant permission for **KOLLAB YOUTH** to take and use photos and video footage of my child in the news and press releases included but not limited to, promotional materials and social media content.

**Parent/Guardian's Signature**_____ **Date**
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