

# SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

OMB Control Number: 1205-0040

Expiration Date: XX/XX/XXXX

## CONSENT FOR USE AND PUBLICATION OF INFORMATION

The Employment and Training Administration/ Division of National Programs, Tools, and Technical Assistance/ Older Workers Unit of the United States Department of Labor and [INSERT GRANTEE NAME] are hereby given my consent to (CHECK PROPER BOX):

use and publish **video/film footage, pictures or photographic likenesses**, in whole or in part, of (PRINT NAME CLEARLY) \_\_\_\_\_, who is identified by \_\_\_\_\_ (COLOR OF CLOTHING), for the purposes of promoting the SCSEP.

use **his/her name** for the purposes of promoting the SCSEP.

use **his/her statement(s)** for the purposes of promoting the SCSEP. The statement is:

For the items checked above, I understand that this information may be used or published through any medium, including the Internet.

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The Employment and Training Administration/ Division of National Programs, Tools, and Technical Assistance/ Older Workers Unit and the United States Department of Labor, and all persons acting under the direct permission or authority of the Employment and Training Administration/ Division of National Programs, Tools, and Technical Assistance/ Older Workers Unit are released from any liability that may arise out of the use of the portraits, photographic likenesses, name, and/or statements if used for the purposes of promoting the Senior Community Service Employment Program (SCSEP).

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Parent or Guardian must sign for a minor)

WITNESS: \_\_\_\_\_

\_\_\_\_\_

Name (Printed)

## ACKNOWLEDGEMENT:

I have read this document and it was fully explained to me by a SCSEP representative.

WITNESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Parent or guardian must sign for a minor)

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