

YOUTH APPRENTICESHIP WEEK 2024

Welcome

Resources

Submit a Proclamation

Submit an Event

Share Your Event Highlights

Update Your Event or Proclamation

YAW on Social Media

Submit Your Proclamation

Please complete the form below to submit your proclamation for Youth Apprenticeship Week. Questions? Email us at YouthApprenticeshipWeek@dol.gov.

Contact Information

Contact Full Name

Contact Email

Point of Contact Phone

Proclamation Information

Proclamation Issued On

Name of Signatory/Signatories

Include the organization, government entity (Council, Office of, Committee, etc.), individual, or individuals that issued the proclamation.

Name of Signatory/Signatories must be 64 characters or less

Street Address

Enter the street address for the organization that issued the proclamation so this proclamation can be included on our interactive map.

City

State

Zip Code

Link to Digital Copy of Proclamation (optional)

If this proclamation has been posted on a website for members of the public to view it, please enter the URL here. The Department of Labor will not be able to display a visual of your proclamation without the URL provided via this form.

Proclamation File (optional)

If there is not yet a public link to the proclamation, please upload it here.

One file only.

5 MB limit.

Allowed types: pdf.

No file chosen

Opt-in

I agree

By submitting this form, you are agreeing to receive additional news, information and communications from the Department of Labor. You are also providing permission to the Department of Labor to publish information about your event on the [National Youth Apprenticeship Week webpage](#).

SUBMIT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 and reference the OMB Control Number. Note: Please do not return the completed web application to this address.

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