

YOUTH APPRENTICESHIP WEEK 2024

Welcome

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Submit an Event

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

Contact Information

Contact Full Name

Contact Email

Organization Name

Event Information

Event Name

Event name must be 80 characters or less

Event Website (optional)

(Example: Facebook event page, Eventbrite, website URL)

Event Description

(Short description of the event, who should attend the event, why, and how to participate.)

Event description must be 1000 characters or less

Public/Private

Please choose "public" if your event is open to the general public, or "private" if your event is closed to the general public.

Attendance Mode

Please choose "yes" if your event is hosted virtually or "no" if your event is live in-person.

Targeted Population (optional)

Start Date

Please enter the date(s) on which your event is taking place.

End date (optional)

Start time

End time

Timezone

Please select the timezone for your event.

Event Location

(If this is a virtual event, please include your organization's street address)

Street Address

City

State

Zip code

Number of expected attendees

Are there any notable guests attending your event? (optional)

Event Industry(s)

Event Type

Please select the type that best describes your event.

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 [Youth Apprenticeship Week webpage](#).

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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