



Parental Consent

I confirm that I/we _____ am/are the parent(s)/legal guardian of _____, Date of birth: _____.

I/we hereby consent to the above child participating in the Goodwill Industries of New Mexico (GINM) employment services program known as Jumpstart. I/we, understand that this is a free service offered to the general public to assist participants with general employment skills training and personalized employment services.

My child is authorized to meet with an assigned GINM staff member to participate in this program, and understand they must comply with the program participation requirements as outlined below.

Terms of Service

If accepted for services, it is recognized that all individuals have the right to terminate his or her relationship with GINM for any reason and at any time. GINM reserves the same right. GINM adheres to the tenets of the ADA. Applications for service will be reviewed and if appropriate, you will be contacted for an initial intake.

Terms of Program Participation

Goodwill Industries of New Mexico (GINM) has the right to refuse service to program participants. GINM is a drug free workplace. GINM does not tolerate any conduct that is harassing, disruptive or forceful, including sexual harassment. GINM employs, pays, promotes, assists and trains a wide variety of people. Thus, your religious affiliation, the nature of your disability, your race or ethnicity, your age, your political affiliations, your sexual orientation, your gender, or your marital status do not matter to GINM. In addition, participants will not be subject to reprisal or retaliation for reporting, in good faith, actions that they feel violate the law. Our company is an Equal Opportunity Employer and as such affirms the right of every person to participate in all aspects of employment without regard to gender, race, color, religion, national origin, ancestry, age, marital status, sexual orientation, pregnancy, disability, citizenship, military or veteran status, gender expression and/or identity, or any other status or characteristic protected by federal, state, or local law. For full details of conditions of receiving GINM services, please contact Goodwill or consult your program handbook.

READ CAREFULLY BEFORE SIGNING: I certify that the information given by me on this application for services is true and correct to the best of my knowledge and belief. I understand that any misleading or false statement, and any omission made by me, may render this Parental Consent void; and if my child is accepted, any inaccurate, false or misleading information, could result in separation of services. I authorize GINM to verify any information provided by me and hereby release GINM from any liability associated with verification of information. I further understand that GINM is committed to providing a drug free environment.

NAME _____

NAME _____

Signature _____

Signature _____

Emergency Contact Information:

Name _____

Phone _____