

## Wisconsin Youth Apprenticeship (YA) Program Education and Training Agreement

**Use of this form:** This form enters a Youth Apprentice, the Youth Apprentice's parent/guardian, the Youth Apprentice's School District, and the YA Grantee, represented by the YA Coordinator, into a Youth Apprenticeship authorized by Wis. Stat. §106.13. The YA Grantee must upload the completed form into CBASERS (the YA program enrollment system). Submission of this form is required for YA program enrollment. If the YA Grantee fails to submit a completed form, the student may not count toward the YA Grantee's enrollment for grant funding purposes.

This Agreement is in effect from the execution by all parties until the Youth Apprentice completes the program or the Youth Apprentice becomes employed by a different employer for the purposes of their apprenticeship.

Youth Apprentice Name (Print)	
Employer	Starting Wage
Address	
YA Program Area/Occupational Pathway	
Apprenticeship Start Date	Employer UI Number
Reason employer is not subject to UI law, if applicable:	

The Youth Apprentice agrees:

- I have reviewed the applicable On-the-Job Learning Guide and understand the competencies that I will be trained on.
- I will successfully complete related instruction coursework.
- I will complete at least 450 hours of employment for each year of my Youth Apprenticeship.
- I will maintain the academic and attendance standards required by the YA Consortium, Employer, and School.

Printed Name	Date of Birth
Signature	Date Signed
Email Address	Phone Number

The Youth Apprentice's parent or guardian agrees:

- I will support the Youth Apprentice's efforts to complete the education and training requirements of the Wisconsin YA Program as found in the YA Program Operations Manual.

Printed Name	Signature	Date Signed
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The Employer Representative agrees:

- I will train the Youth Apprentice in the competencies listed in the applicable On-the-Job Learning Guide.
- I will review their progress with the Youth Apprentice on at least two occasions during each year of the apprenticeship.
- I will provide a mentor who will actively assist the Youth Apprentice throughout their apprenticeship.
- I will provide the Youth Apprentice with at least 450 hours of employment each year of the apprenticeship.
- I will comply with all applicable wage and Employment of Minors Laws.

Printed Name	Signature	Date Signed
Email Address		Phone Number

The School/School District agrees:

- The Youth Apprentice will receive secondary school credit for their participation in their Youth Apprenticeship program and for the related instruction courses taken.

School or School District		
Representative Printed Name	Signature	Date Signed
Position Title	Email Address	Telephone

The Youth Apprenticeship Coordinator agrees:

- I have reviewed the applicable On-the-Job Learning Guide with all parties prior to their signing of this Agreement.
- I have informed all parties to this Agreement of the requirements of the Youth Apprenticeship Program as found in the YA Program Operations Manual.
- I will facilitate the completion of a new agreement if the Youth Apprentice becomes employed by a different employer for the purposes of their apprenticeship.
- I will update cBASERS if the Youth Apprentice chooses to work in a new occupational pathway for the same employer.

Printed Name	Signature	Date Signed
Consortium Name		

DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Division of Employment and Training at (608) 266-3131 to request information in an alternate format including translation to another language.



## Dear Parent/Guardian,

Your student, \_\_\_\_\_, has registered for the Youth Apprenticeship Program, a partnership between the Northeast Wisconsin Youth Apprenticeship Consortium (NEWYA) and the Wisconsin Department of Workforce Development (DWD). To support \_\_\_\_\_'s participation, we request your permission/consent in the various areas below. Please review the information and provide consent at the bottom of page 2.

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### Information Release Authorization (Required)

In accordance with the Family Educational Rights and Privacy Act (FERPA) and Wisconsin Statute §118.125, we request your consent to share the following information with the Wisconsin Department of Workforce Development:

- Student details: first, middle, and last name; date of birth; home address (street, city, state, zip, county); phone number
- Parent/guardian details: name(s)
- Demographics: gender, race, ethnicity, disability status (IEP/504/self-disclosure), and "at-risk" status (as determined by the school district)
- School information: grade at entry, expected graduation date, GPA at program entry, school district, and high school name
- Program participation: Youth Apprenticeship registration, placement, and ongoing participation status

**Important note:** Disability and "at-risk" status are collected only for state reporting and program support. This information is **not shared with employers**.

**Purpose of disclosure:** This information is required by DWD for program enrollment, administration, reporting, and workforce development support.

**Voluntary consent:** Your consent is voluntary; however, it is required in order for your student to participate in the Youth Apprenticeship program. Without your consent, your student cannot be registered with DWD.

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### Photo & Media Release (Optional)

We also request your permission to photograph or video your student during Youth Apprenticeship activities or to use student-supplied photographs/videos. Images may be used in:

- School and district websites
- Social media platforms (e.g., Facebook, Instagram, Twitter/X)
- Newsletters, brochures, and public presentations

#### Guidelines:

- No personal contact information will be shared publicly.
- Images will be used only to highlight student achievements and promote Youth Apprenticeship.
- Consent may be revoked at any time in writing. Revocation applies to future use only and does not require removal of materials already produced or published.

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## **Accident/Release of Liability Notice**

I hereby assume all of the risks of participating in the Northeast Wisconsin Youth Apprenticeship Consortium, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault. In consideration of my application or permitting me to participate in this Work-Based Learning program, I hereby act for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

A) I WAIVE, RELEASE, AND DISCHARGE from all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from Work Based Learning location. FOLLOWING ENTITIES OR PERSONS: Northeast Wisconsin Youth Apprenticeship Consortium staff and/or their coaches, agents, representatives, or volunteers.

B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this Work-Based Learning program, whether caused by negligence or otherwise.

C) I WAIVE, RELEASE, AND DISCHARGE any and all liability associated with any medical conditions I may be diagnosed with or being treated for. I understand it is my responsibility to communicate any necessary medical conditions to my manager at the Work-Based Learning workplace and understand the FOLLOWING ENTITIES OR PERSONS: Northeast Wisconsin Youth Apprenticeship Consortium staff, nurses, and/or agents, representatives or volunteers are not liable for managing my medical treatment while at my Work-Based Learning location.

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## **Parent/Guardian Consent**

Please review and sign below to indicate your consent for.

(Student Name)

### ***DWD Information Release (Required for participation)***

I give permission for NEWYA to share my child's Youth Apprenticeship information with the Wisconsin Department of Workforce Development.

### **Photo/Media Release (Optional)**

#### **Select One of the following:**

Yes, I give permission for NEWYA to photograph or video my child for the purposes listed above.

No, I do not give permission for NEWYA to use photographs or video of my child.

### ***Accident/Release of Liability Notice (Required for participation)***

Yes, I have read, fully understand, and agree to the Accident/Release of Liability Notice provided above.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you have any questions or wish to revoke consent at any time, please contact:

**David Gordon, Director of Career and Technical Education, CESA 7**

920-619-3046 [dgordon@cesa7.org](mailto:dgordon@cesa7.org)