**Date:**

**Youth’s Name:**

**City & County where youth currently resides:**

**Deadline for yearbook photos (if applicable):**

**Referring Worker:**

**Name:**

**Agency or Tribal Affiliation:**

**Phone:**

**Email:**

**Contact Information for an adult who will be coordinating and accompanying youth to the appointment:**

**Name:**

**Phone:**

**Email:**

**In order for application approval, all of the following questions must be answered YES.**

1. If you are not the foster parent for this youth, have you talked with the foster parent(s) or designated caregiver about the Volunteer Photographer program?

**[ ]** Yes [ ]  No

1. Is the foster parent or designated caregiver in agreement with all of the responsibilities that are required of them for the Volunteer Photographer program?

**[ ]** Yes [ ]  No

1. Is the foster parent or designated caregiver in agreement to transport the participating youth in care to their scheduled photography appointment **and** remain with the youth until the session is completed?

**[ ]** Yes [ ]  No

1. Do you agree to immediately notify the Coalition for Children, Youth & Families if the youth in care, the birth parent, the legal guardian, or the foster parent decides to opt out of the Volunteer Photographer Program?

**[ ]** Yes [ ]  No

**Permission for Release of Information:**

By signing below, I give the Coalition for Children, Youth & Families permission to contact a photographer on my behalf to participate in having senior photos taken through the Senior Picture program. (Please note that senior photos will NOT be used in brochures, publications, websites, etc. by the Coalition for Children, Youth, & Families.

**Signature of Youth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Worker**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this completed application to info@coalitionforcyf.org.