



BOYS & GIRLS CLUBS
OF THE NORTHLAND

Membership Application

This box for office use only	
New _____ Renew _____	Membership # _____
Cash/Check/Card Amt. _____	Check # _____
Card # _____	CSV _____ Expiration _____
Staff Initials _____	Date _____
Notes: _____	

CHILD INFORMATION (PLEASE PRINT)

Child's Name (First Middle Initial Last)		Home Telephone Number	
Address (Street, City, State, Zip Code)			
Race/Ethnicity: <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other <input type="checkbox"/> Choose Not to Answer		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____	Birth Date (MMDDYY)
School Child Will Be Attending (also, Teachers name if known)		Grade	Age
School Lunch: <input type="checkbox"/> Free/Reduced <input type="checkbox"/> Not Eligible <input type="checkbox"/> Entire School is Free		Is member in foster care: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Club Location Preference <input type="checkbox"/> Dave Goldberg Family Branch <input type="checkbox"/> Lincoln Park Branch <input type="checkbox"/> Superior Branch <input type="checkbox"/> Grand Rapids Branch <input type="checkbox"/> Greenway Branch <input type="checkbox"/> Hibbing Branch			

PARENT/GUARDIAN CONTACT INFORMATION (PLEASE PRINT)

① Parent/Legal Guardian Name (First Middle Initial Last)	Relationship to Member:	Mobile Phone Number
Email Address		Alternate Phone Number
② Parent/Legal Guardian Name (First Middle Initial Last)	Relationship to Member:	Mobile Phone Number
Email Address		Alternate Phone Number

MILITARY STATUS

Current/Former Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Branch:	Dept of Defense ID:	Currently Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No
---	------------------	---------------------	--

ALLERGIES

Food Allergies:
 Dairy/Lactose Eggs Gluten Peanuts Seafood/Shellfish Soy Tree Nuts Other (please list) _____

Environmental Allergies:
 Bee Stings Dust Grass Mold Pollen Other (please list) _____

Medicine Allergies:
 Amoxicillin Aspirin Penicillin Other (please list) _____

Other Allergies
 Latex Lotions Perfume/Colognes Other (please list) _____

Does the member use an Epi Pen? Yes No

MEDICAL INFORMATION

Diagnosed medical Conditions:
 ADD/ADHD Anxiety/Depression Asthma Autism Diabetes Hearing Impairment Oppositional Defiance Disorder Seizures
 Visual Impairment Other (please describe): _____

Does the Member Receive Additional Support in the School/Community?
 504 (accommodation) Individualized Education Plan Meets with School or Private Counselor Speech Coach Other

Please provide any additional details about additional support such as provider, teacher, etc. _____

Other Physical, Mental or Medical Limitations not already specified:

Has your child threatened or intentionally caused harm to themselves or others? Yes No
 If yes, please explain: _____

Does the member use an Inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the member Self-Administer Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the member use Insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--

EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements Emergency Medical Services will be called.

For Emergency Medical Treatment of My Child, My Preferred Hospital is:

HOUSEHOLD SUPPORT INFORMATION

Primary Language Spoken At Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	Household Composition: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent <input type="checkbox"/> Joint Custody <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other relative/adult <input type="checkbox"/> Self (emancipated/18) <input type="checkbox"/> Choose Not to Answer Other Relatives in Household: _____	Housing Type: <input type="checkbox"/> Permanent (own or rent) <input type="checkbox"/> Public Housing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Choose Not to Answer
Number of Adults in Household: _____		
Number of Youth in Household: _____		

Household Income Range:	<input type="checkbox"/> \$50,001 – 55,000	<input type="checkbox"/> \$105,001 – 110,000	<input type="checkbox"/> \$160,001 – 165,000
<input type="checkbox"/> \$0 – 10,000	<input type="checkbox"/> \$55,001 – 60,000	<input type="checkbox"/> \$110,001 – 115,000	<input type="checkbox"/> \$165,001 – 170,000
<input type="checkbox"/> \$10,001 – 15,000	<input type="checkbox"/> \$60,001 – 65,000	<input type="checkbox"/> \$115,001 – 120,000	<input type="checkbox"/> \$170,001 – 175,000
<input type="checkbox"/> \$15,001 – 20,000	<input type="checkbox"/> \$65,001 – 70,000	<input type="checkbox"/> \$120,001 – 125,000	<input type="checkbox"/> \$175,001 – 180,000
<input type="checkbox"/> \$20,001 – 25,000	<input type="checkbox"/> \$70,001 – 75,000	<input type="checkbox"/> \$125,001 – 130,000	<input type="checkbox"/> \$180,001 – 185,000
<input type="checkbox"/> \$25,001 – 30,000	<input type="checkbox"/> \$75,001 – 80,000	<input type="checkbox"/> \$130,001 – 135,000	<input type="checkbox"/> \$185,001 – 190,000
<input type="checkbox"/> \$30,001 – 35,000	<input type="checkbox"/> \$80,001 – 85,000	<input type="checkbox"/> \$135,001 – 140,000	<input type="checkbox"/> \$190,001 – 195,000
<input type="checkbox"/> \$35,001 – 40,000	<input type="checkbox"/> \$85,001 – 90,000	<input type="checkbox"/> \$140,001 – 145,000	<input type="checkbox"/> \$195,001 – 200,000
<input type="checkbox"/> \$40,001 – 45,000	<input type="checkbox"/> \$90,001 – 95,000	<input type="checkbox"/> \$145,001 – 150,000	<input type="checkbox"/> \$200,000+
<input type="checkbox"/> \$45,001 – 50,000	<input type="checkbox"/> \$95,001 – 100,000	<input type="checkbox"/> \$150,001 – 155,000	<input type="checkbox"/> Choose Not to Answer
	<input type="checkbox"/> \$100,001 – 105,000	<input type="checkbox"/> \$155,001 – 160,000	

Assistance Programs:
 Child Care Assistance Food Stamps/SNAP Housing Assistance Medicaid SSDI Social Security Disability Insurance TANF
 SSI (Supplemental Security Income) Veteran's Compensation WIC (Women, Infants and Children) Choose Not to Answer
 Other: _____

EMERGENCY CONTACTS / AUTHORIZED PICK-UP (PLEASE PRINT)

① Name - (First Middle Initial Last)	Phone Number	Relationship to Member
② Name - (First Middle Initial Last)	Phone Number	Relationship to Member
③ Name - (First Middle Initial Last)	Phone Number	Relationship to Member
④ Name - (First Middle Initial Last)	Phone Number	Relationship to Member

NON-AUTHORIZED CONTACTS (PLEASE LIST ANY INDIVIDUALS RESTRICTED FROM PICKING UP OR CONTACTING THE MEMBER)

① Name - (First Middle Initial Last)	Phone Number	Relationship to Member
② Name - (First Middle Initial Last)	Phone Number	Relationship to Member

WAIVERS & RELEASES

Data Collection

Yes No I give my permission to the BGCN to collect information via online or written surveys, questionnaires, interviews and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revoked at any time by contacting the BGCN in writing.

Data Sharing

Yes No I give my permission to the BGCN to share information about the minor child listed on this application with BGCA for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information

provided by the minor child's school or school district, and other information collected by BGCN, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting the BGCN in writing.

Medical

Yes No I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, The Club will contact Emergency Medical Services and a request may be made to transport child to the hospital listed above.

Trip & Activity Permission

Yes No I give consent for my child to take part in field trips or excursions with the Boys & Girls Clubs of the Northland under proper supervision. It is my understanding that I will be notified when such trips are planned.

Press

Yes No I further give consent for any photographs and/or videotape in which my child may appear in good taste to promote a positive Club image (i.e. publications, television, social media, advertisements, thank you displays, club correspondence, etc.).

Child's Health

Yes No I certify that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in attending the Boys & Girls Clubs of the Northland.

Miscellaneous

Yes No I understand that the Boys & Girls Club is not responsible for lost or stolen items. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCN reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.

WALKER AUTHORIZATION (PLEASE PRINT)

I certify that my child _____ will or will NOT be walking to and/or from the Boys & Girls Clubs of the Northland.

I hereby authorize my school-age child to walk to and from the following location(s) without adult supervision:

(EXAMPLE: HOME, NEIGHBORS, GRANDPARENTS)

PARENTS ACCEPT SOLE RESPONSIBILITY OF THE SAFETY OF THEIR CHILD UNDER THIS ARRANGEMENT.

Parent/Legal Guardian Signature: _____ Date: _____
(You agree that by typing your name, you are electronically signing this document.)

AGREEMENTS

- I agree to keep the facility updated on my changes of information on the enrollment form.
- I give my child permission to participate in Boys & Girls Club programs and activities, knowing that there is a certain amount of risk involved. Although the utmost precautions will be taken in regards to the safety of my child, I accept responsibility in the unlikely event that an accident may occur. I further understand that the Boys & Girls Club cannot be held responsible for any medical expenses my child may incur.
- I agree that the Boys & Girls Club cannot be held liable for any claims, demands or actions for any injury sustained or property damaged, lost or stolen as a result of my child's involvement in Boys & Girls Club programs or activities.
- If my child becomes infested with lice, I understand that if there are nits found my child's head, a notification will be sent home with information regarding head lice, but if live lice are found, a parent/guardian will pick up my child and assume responsibility in the required treatment.
- I give my consent to an exchange of information between Boys & Girls Club staff and school personnel whenever it would be beneficial to my child; also to collect data for Club evaluation and report results using no name identification.
- I certify that the information provided on this form is correct and may be verified if necessary. I agree to the above statements.

Parent/Legal Guardian Signature: _____ Date: _____
(You agree that by typing your name, you are electronically signing this document.)

Member's Pledge: *I understand and agree to follow the Club's guidelines, expectations and policies in order to maintain a safe and positive environment for all kids. I will respect the Club, the staff and my fellow members. I have certain responsibilities while in the Club to ensure a positive place for all kids to be. I understand that if I choose not to follow my own responsibilities and Club guidelines, appropriate consequences will follow. I also certify that if I am 18 years of age, that I still actively attend high school or an acceptable alternative.*

I wish to become a member of the Boys & Girls Clubs of the Northland.

Member Signature: _____ **Date:** _____
(You agree that by typing your name, you are electronically signing this document.)

CLUB RULES

The following is a list of rules and regulations that all Boys & Girls Clubs of the Northland members must agree to follow while at the Club. These rules are intended to protect the safety and overall well-being of Club members and staff personnel.

- Members are expected to treat other members and staff with respect.
- Members are expected to follow staff directions at all times.
- Members are expected to dress appropriately. Wearing clothing that exposes undergarments, excess skin, and/or is provocative is not appropriate for the Club. Clothing that displays inappropriate material such as gang signs is prohibited.
- Members must check-in their coats, backpacks, and other personal belongings at the front desk when they sign into the Club.
- Members are expected to respect Club equipment and Club grounds. Members are expected to clean up after themselves and refrain from littering or vandalizing Club property in any way.
- Weapons, sharp instruments, or anything that could cause harm to another individual are not allowed on Club grounds. This includes anything that could be perceived as or resemble a weapon. Some examples would include: toy guns, box cutters, chemicals, lighters, etc.
- No Club member will be allowed back into the Club once they have checked out for the day, unless pre-authorized by Club staff. Once a Club member checks out for the day they must leave Club property as well.
- Swearing and other obscene or profane language is prohibited.
- Alcohol, drugs, tobacco, and drug paraphernalia are prohibited from the Club. This includes over the counter and prescription medications, unless authorized by Club staff and is checked in at the front desk. Club members will not be allowed into the Club if they appear to be under the influence of drugs and/or alcohol.
- Fighting, aggressive behavior, and/or bullying will not be allowed.
- The Club is not responsible for any stolen, lost, or broken items brought into the Club by a member. The Club strongly suggests that expensive personal items are left at home.
- Club members are expected to be enrolled in and attend school. If a member did not attend school on a scheduled school day they should not be attending the Club, unless otherwise authorized by Club staff.
- Parental/guardian consent forms must be signed and turned in before a member can participate in off-site activities.
- Parental/guardian consent forms must be signed in order to use the computer lab.
- Members are expected to report any rule violations to staff immediately.

The Boys & Girls Club wants to make sure that all members have a safe and healthy place to play, learn, grow, and to have fun. As a member you have the right to be treated fairly and with respect. If at any time you feel your rights as a member have been violated you are strongly encouraged to speak with a Club staff member about the situation.

I have reviewed these rules with a Club staff member and agree to abide by them. I understand that failure to do so could result in suspension and/or termination from the Club.

Member/Guest Signature: _____ **Date:** _____
(You agree that by typing your name, you are electronically signing this document.)

Parent/Legal Guardian Signature: _____ **Date:** _____
(You agree that by typing your name, you are electronically signing this document.)

INTERNET CONSENT & RESPONSIBLE USE

The Boys & Girls Clubs of the Northland Computer Network and Internet access are available to members to enhance their educational experience and become literate in an increasingly technological world.

The network has been established for educational purposes limited to classroom activities, career development, and independent scholastic research on appropriate subjects. In order to maintain a safe and positive environment for all youth, Boys & Girls Clubs has set rules, expectations, and guidelines for all members to follow. All Club members have a responsibility to make this a positive place and act as role models.

Responsible Computer Use (Check each box after reading/reviewing)

- Disclosing Personal Information:** I will not agree to meet with someone I have met online. I will tell a Club staff right away if I receive a message that makes me feel uncomfortable.
- Illegal Activities:** I will not attempt to gain unauthorized access to the Boys & Girls Clubs network or to any other computer system through the Boys & Girls Clubs network. This includes attempting to log on through another person's account or access another person's files. These actions are illegal, even if only for the purpose of "browsing".
- Inappropriate Language:** I will not use obscene, profane, lewd, vulgar, rude, inflammatory, threatening or disrespectful forms of communication. This applies to verbal and written language, diagrams, photographs, representations, videos, or any other form of communication.
- Personal Attacks and Harassment:** I will not knowingly or recklessly post false, defamatory, prejudicial, or discriminatory information about a person or organization. If I am told by another person to stop sending him/her messages, I will stop. It is not okay to persistently act in a manner that upsets or annoys another person.
- Social Networking Sites:** Sites such as MySpace, Twitter, Facebook, and YouTube are not allowed to be visited at the club unless part of a specific Club program. I may check my school email only with permission from Club staff.
- Violent Games:** Staff must approve all games played on the computers. No shooting games or other games containing violence are allowed.
- Programming Participation:** Food and drink are not allowed in the computer lab. I will only eat and drink in the designated area(s). If I am not actively participating in a scheduled activity, I will not be hanging out in the computer lab. I will participate in the Netsmartz program in order to use the internet.

I have read the Boys & Girls Clubs of the Northland Responsible Use Guidelines. I understand that access to the Boys & Girls Clubs Network and Internet is designed for educational purposes and the Club has taken available precautions to educate members on appropriate use of materials. I agree to follow all the rules and expectations for computer and learning center use.

WARNINGS: I will be given one warning if my attitude or behavior is not appropriate. I understand that if my attitude or behavior does not improve, I will be asked to leave the computer lab and will not be allowed to participate in any more computer activities for the rest of the day. If my behavior is intentionally disrespectful, I give up my right to a warning and will be asked to leave.

Member Signature: _____ **Date:** _____
(You agree that by typing your name, you are electronically signing this document.)

I have read the Boys & Girls Clubs of the Northland Responsible Use Guidelines. I understand that access to the Boys & Girls Clubs Network and Internet is designed for educational purposes and the Club has taken available precautions to educate members on appropriate use of materials. However, it is understood that no matter how much supervision and monitoring the Club can offer, there will always be the possibility of my child coming into contact with inappropriate material, and I will not hold the Boys & Girls Clubs of the Northland responsible for materials acquired on the network.

Parent/Legal Guardian Signature: _____ **Date:** _____
(You agree that by typing your name, you are electronically signing this document.)



Boys & Girls Clubs of the Northland Climbing Wall Permission to Participate

Dear Parents and/or Legal Guardians,

The Boys and Girls Clubs of the Northland (hereafter known as BGCN), Dave Goldberg Family Branch, has a 25-foot climbing wall that is used for many exciting activities. As a Club member or guest, your child has the opportunity to take part in these events as part of our physical education and learning programs. Indoor rock climbing is an amazing activity that develops coordination, strength, flexibility, cardiovascular fitness, as well as instills confidence and pride in those who participate. Additional important life lessons such as problem solving skills, goal setting, patience, and perseverance are also learned during these activities.

However, taking part of any climbing wall activity does pose inherent risks including, but not limited to:

1. Injuries resulting from the negligence of the owner, operators, employees or volunteer assistants of BGCN or the negligence of other climbers, visitors or person who may be present at BGCN.
2. Injuries or death resulting from the failure or negligent misuse of the facilities, climbing walls, or equipment of BGCN.
3. Injuries resulting from slips, trips or falls while using the facilities, climbing walls, or equipment of BGCN.
4. Injuries that occur from the negligence or lack of adequate training of those volunteers or employees of BGCN who seek to assist with medical or other help either before or after injuries have occurred.
5. Injuries resulting from the failure of equipment used at the BGCN, including but not limited to, failure of ropes, sling, harnesses, belay devices, handholds, anchor points, and other part of the climbing structure.

WARNING, THIS AGREEMENT IS LEGALLY BINDING by signing it, you give up your right to recover compensation through the courts or otherwise, for any claims, demands, actions, suits, causes of action, claims for compensatory damages, punitive damages, statutory relief, warranty relief, rights and remedies relating to any personal injuries to your child or damage to your child's property, or for your child's death, arising out of your child's use of the rock climbing walls or equipment, or arising out of your child's participation in classes or activities sponsored by BGCN. By signing this agreement you will be releasing the BGCN it's employees, directors, officers, agents, representatives, successors, attorneys, insurers, assigns, and other heirs, executors, representatives, successors and assigns of each of them from these claims. This agreement is binding on you, your heirs, next of kin, assigns, and personal representatives. This agreement also requires you to indemnify and hold harmless and defend the persons released from any losses, liabilities, damages and costs, including reasonable attorney's fees.

I am aware of these and numerous other inherent risks in using BGCN facilities, climbing walls, and/or equipment. On behalf of my child, I freely, knowingly, and voluntarily assume complete responsibility for these risks and for the injuries or property damage that may occur as a result of these risks even if injuries occur in a manner that is not foreseeable at the time I sign this agreement.

I have read this agreement thoroughly and understand the terms outlined.

I give permission for _____ (child's name) to participate in the BGCN's climbing wall and other related activities. This agreement will remain in full force and effect unless otherwise revoked in writing.

Parent/Legal Guardian Signature
(You agree that by typing your name, you are electronically signing this document.)

Date

FOR PARENTS/CAREGIVERS

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and has significant person-to-person spread. As a result, federal, state, and local governments and federal and state health agencies have recommended social distancing measures and have, in many locations, required ongoing prohibitions on the congregation of groups of people of various sizes.

Boys & Girls Clubs of the Northland ("Club") has put in place preventative measures to reduce the spread of COVID-19. These include, but are not limited to social distancing, wellness monitoring, increased sterilization, required hand-washing, etc. However, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, attending the Club **could increase** your risk and your child(ren)'s risk of contracting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

Signature of Parent/Caregiver

Date

Name of Parent/Caregiver

Name of Club Participant(s)

Tennessee Warning Notice / Use of Data / Equal Opportunity Information

Department of Employment and Economic Development (DEED) grant recipient:

Boys & Girls Clubs of the Northland

Please read the Tennessee Warning Notice below and the equal opportunity information on the reverse side. When you finish reading, please sign and date at the bottom.

TENNESSEN WARNING NOTICE:

The data we are asking you to provide about yourself is considered private data by [Minnesota Statute 13.47 subdivision 2](#). In order to collect and use this data we must tell you why we need the data, how we intend to use it, and any consequences you may experience if you supply the information or not.

Why we need the data

Personal characteristics such as age, gender, ethnicity, race, disability and economic status is collected to evaluate our performance and in some cases, to determine if you're eligible for special assistance

How we intend to use the data

Work and education history will be shared with the Department of Employment and Economic Development (DEED) and may be shared with prospective employers. Additionally other government entities with a legal right to this data may see your information

Consequences to you

You can refuse to supply any or all of this information; you are not legally required to provide any of this information. Not supplying sufficient information may limit our ability to provide you the services you want.

For more information

DEED Data Practices <http://mn.gov/deed/about/what-guides-us/data-practices/>

Minnesota Data Practices Act www.revisor.leg.state.mn.us/stats/13/

Minnesota Department of Administration Information Policy Analysis Division www.ipad.state.mn.us/index.html

EQUAL OPPORTUNITY IS THE LAW: (Please see the reverse side for additional information)

We consider applicants without regard to race, color, creed, religion, national origin, age, sex, political affiliation or belief, marital status, disability, sexual orientation, or status with regard to public assistance. It is our policy to abide by all federal, state, and local laws concerning discrimination.

COMPLAINT AND APPEAL POLICY:

If you feel that anyone in our office has treated you unfairly, you have the right to file a complaint. If you have been denied services, you have the right to an appeal. If you wish to file a formal complaint or an appeal, please see a staff member for assistance.

I have been made aware of and understand this Tennessee Warning notice. (If you do not understand this statement, please ask that a staff member explain it to you.) I agree that the information on this form may be shared among Minnesota WorkForce Center agencies for the purpose of helping me find employment or training.

I have read the equal opportunity information found on the reverse side "NOTICE TO THE PUBLIC", [Equal Opportunity Is The Law](#). I understand that I have the right to file a complaint of discrimination.

Date _____ Signature [If Under 18, Signature of Parent/Guardian] (*You agree that by typing your name, you are electronically signing this document.*)

This material is available in alternative formats, such as large print, Braille, or audio tape.

NOTICE TO THE PUBLIC

Equal Opportunity Is The Law

It is against the law for us as the recipient of DEED funds to discriminate on the following bases:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and

Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any DEED-funded program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any DEED funded program or activity;

Providing opportunities in, or treating any person with regard to, such a program or activity; or

Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a DEED funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Name/Title of Designated Equal Opportunity Officer:
Lori Peterson, Director of Public Affairs
690 Jackson Street
St. Paul, MN 55130
PHONE: 651-726-2582
FAX: 651-200-4100
EMAIL: Lpeterson@bgc-tc.org

Susan Tulashie, Equal Opportunity Officer
Workforce Development Division
Department of Employment and Economic
Development
1st National Bank Building
332 Minnesota Street, Suite E200
St. Paul, MN 55101
Direct: 651-259-7586 Fax: 651-215-3842
MN Relay 7-1-1 or 1-800-627-3529
www.PositivelyMinnesota.com

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Minnesota Department of Economic Development, Workforce Development Division (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with the Civil Rights Center (CRC). However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

The above "NOTICE TO THE PUBLIC" applies to the federal programs covered under the Workforce Investment Act. Complaints concerning services provided by non-WIA programs may be processed differently.

The recipient* must provide the notice to all appropriate parties including: club members and applicants for services; participants; applicants for employment; employees; unions or professional organizations that hold collective bargaining or professional agreements with the recipient; sub-recipients that receive DEED funds from the recipient; members of the public, including those with impaired vision or hearing.

*Term to Know—Recipient: Any entity to which financial assistance is extended, directly from the U.S. Department of Labor or through the Governor or another recipient; excluding the ultimate beneficiaries of the programs or activities.

Updated January 2015

Parent/ Legal Guardian – Please keep this page for your records.