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2026 Summer Youth Internship Program Age Certification Form

ALL APPLICANTS:

APPLICANT INFORMATION:

Full Name: _____

Last 4 digits of Social Security Number: ____ _

Age: _____

Birth Date: _____

Check **one** of the following:

- I am **over** 18. (Please sign below.)
- I am **under** 18. (Please sign below AND have a parent or guardian fill out the bottom)

Applicant's Signature: _____

PARENT'S / GUARDIAN'S CONSENT:

I, _____, certify that I am the parent or guardian of the minor applicant whose name appears above. By signing this form, I agree to all of the following:

1. I consent to the minor applicant's participation in the 2026 Summer Youth Internship Program (2026-SYIP)
2. I certify that all of the information contain in the minor's application is correct and true.
3. I give permission to Charleston County to photograph/interview my minor child. I understand that Charleston County would only use the photograph/interview (or a portion of it) to describe, promote, or publicize Charleston County's programs.
4. I release Charleston County from any future claims, as well as from any liability, arising from any use of the photograph/interview.
5. I understand that the minor will be paid for his/her work, and that I will not receive payment of any kind for allowing my child to participate in the 2026-SYIP.

Parent's/Guardian's signature _____

Date: _____