

## Consent Form for Ideation Session on 3/23/2026

Thank you for participating in a workshop with the City of Alexandria to discuss workforce development, unemployment, and underemployment. We are excited to learn from you and hear your perspective on how we can better support communities impacted by this issue. We will use what we learn to inform our work on this topic area. That means we may share with others in the City the major themes and points we discussed during our time together. Before doing so, we want to ensure that you are comfortable with these plans to share notes taken during this event.

Why we are seeking consent:

- We will be using this information for our project work on workforce development, and not for any commercial gain.
- Any content will be used for this project only and not for any other work of any of the City or partners in this collaboration (Centre for Public Impact and Bloomberg Center for Public Innovation).
- Any quotes or notes shared will be de-identified, meaning that they will be anonymized, and no one will know what you personally said. If we want to quote something specific that you said, we will use a pseudonym.
- We will not share any data with any other government entity beyond the City.
- There are no physical risks associated with participating in this exercise. You can stop participating at any time.

The project team recognizes that sharing your story is completely voluntary. It is your decision how much you wish to share. We are committed to respecting your privacy if you choose to do so.

### I agree and consent to:

- Participating in an ideation session facilitated by the project team of the City of Alexandria.
- Having notes taken during our session for the purpose of informing the project team's work on workforce development.
- I understand that members of the core team will see these notes, but if they are shared outside the city they will be made anonymous by removing any identifiable markers in regard to my name and/or associations

### Request for copies:

- I would like to receive an electronic copy of this consent form
- I would like to receive electronic copies of the notes

Youth Full name:		Signature:	
Parent/ Guardian Full Name:		Signature:	
Date:		Email:	

**Questions and concerns**

If you have questions or concerns about this form or how the City of Alexandria may use this information, please contact [josh.ferguson@alexandriava.gov](mailto:josh.ferguson@alexandriava.gov).

**Withdrawing consent**

If you wish to withdraw your consent, please contact Josh Ferguson as above, including your name, the date of the event, and other information that will help us identify and remove content from our notes.