



# Youth Development Credential Advisor Registry Consent Form

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name (print clearly) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Telephone Numbers (*home*) \_\_\_\_\_ (*work*) \_\_\_\_\_

E-mail: \_\_\_\_\_

I verify that I meet the following qualifications:

- Personal
- Education and Experience - Option 1 ( ) 2 ( )
- Waiver request attached? Yes ( ) No ( )
- My 1-2 page autobiography is attached.

<input type="checkbox"/> New
<input type="checkbox"/> Update

I give permission to MOSAC<sup>2</sup> to release my contact information to interested YDC Candidates. I understand that the Registry constitutes a referral, not a recommendation. I understand that MOSAC<sup>2</sup> will refer my name as an eligible Advisor, but MOSAC<sup>2</sup> is not obligated to recommend my services to YDC Candidates. Agreement to serve as an Advisor is my own decision and does not constitute commitment to accept referrals. MOSAC<sup>2</sup> reserves the right to remove my name from the Registry at its discretion at any time.

\_\_\_\_\_  
*Signature*

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