



## Success Story

**Are you a(n):**

<input type="checkbox"/> EMPLOYER		INDUSTRY SECTOR:	
Name (First/Last):			
Company Name:			
Address:			
Phone:		Email:	
<input type="checkbox"/> PARTICIPANT/ JOBSEEKER			
<input type="checkbox"/> ADULT		<input type="checkbox"/> DISLOCATED WORKER	
<input type="checkbox"/> YOUTH: IN-SCHOOL		<input type="checkbox"/> YOUTH: OUT-OF-SCHOOL	
Name (First/Last):			
Address:			
Phone:		Email:	
<input type="checkbox"/> OTHER TYPE OF PARTICIPANT/INTERESTED PARTY			
Describe:			

<b>HOW WOULD YOU LIKE TO LEAVE YOUR FEEDBACK:</b> <input type="checkbox"/> ANONYMOUSLY <input type="checkbox"/> FIRST NAME <input type="checkbox"/> INITIALS <input type="checkbox"/> FULL NAME
<b>Please respond to the following four (4) questions. Attach additional sheets if needed.</b>
<b>1. Briefly describe situation or challenge faced.</b>
<b>2. What did the Agency/program provide to help overcome the challenge(s)?</b>

## ACWDB SUCCESS STORY, cont.

3. What was the outcome obtained as a result of the services received?

4. **CAN WE TAKE YOUR PHOTO WITH THIS STORY?**     YES     NO

*Please sign below, and sign the attached Media Release Authorization form.*

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**DATE:**

*Signature and Date (if participant is under 18, signature of parent/guardian is required)*

### FOR ADMINISTRATIVE PURPOSES ONLY – STAFF INFORMATION::

**Name & Title:**

**Agency:**

**Phone:**

**Email:**

**Which program was the jobseeker/employer enrolled in?**

- |   |   |
|---|---|
| <input type="checkbox"/> WIOA- Individual Training Account (ITA)<br><input type="checkbox"/> WIOA- On-the-Job Training (OJT)<br><input type="checkbox"/> WIOA Youth Readiness Program<br><input type="checkbox"/> Discretionary Program | <input type="checkbox"/> Customized Training<br><input type="checkbox"/> Pre-Apprenticeship/Apprenticeship Program<br><input type="checkbox"/> ACBDG Program/Services |
|---|---|

**Other Program- Please Explain**

**Notes**

**DATE OF SUBMISSION:**