

# TQA TESTIMONIAL TEMPLATE

*Please fill out the entire form and return to Jennifer Thomas at [JeThomas@clarku.edu](mailto:JeThomas@clarku.edu) and copy Porsche Tyson at [ptyson@pcqus.com](mailto:ptyson@pcqus.com)*

\_\_\_\_ Employer      \_\_\_\_ Apprentice      \_\_\_\_ Strategic Partner

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**STATEMENT OF IMPACT / TESTIMONIAL:**

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*If you have more to share, please continue on page 3.*

*Example:*

Partnering with Tech Quest Apprenticeship has enhanced our talent development strategy at *Company X*. TQA’s customer service is outstanding, and their team members went above and beyond to ensure that we understood every step of the process. Because of their diligence and organization, implementation of our program ran smoothly and no matter the number of questions or concerns I had, they were always there for support. Thank you Tech Quest Apprenticeship for helping our organization achieve our company objectives and ROI!

**QUESTIONS FOR CONSIDERATION WHEN WRITING YOUR STATEMENT:**

- How did partnering with the Tech Quest Apprenticeship (TQA) program impact you/your company/organization?
- What impact did TQA have on your career OR what were you able to implement in your organization as a result of the TQA grant/partnership?
- Why are programs like TQA important for apprentices, employers and/or organizations?
- How can programs like TQA be used to create meaningful change across the US?

**MEDIA RELEASE PERMISSION:**

YES       NO

If you selected yes, please fill out the "Media Release Form" on page 2.

## Media Release Form

The *Tech Quest Apprenticeship* (TQA) program requests your permission to share your experiences while participating in or receiving a benefit from the program. With your permission, there is a possibility that you may be photographed, videoed, have your voice recorded or comments printed for the purpose of promoting the program. Your authorization below allows the *Tech Quest Apprenticeship* program, its agents, contracted service providers and their respective staff, the broadcast media or other persons authorized to photograph, videotape, audiotape or print your comments.

Your participation is voluntary and will take place during scheduled hours of a program, event or at a time that is convenient to you and the organization. If you do not agree, you will not be photographed, videoed, have your voice recorded or your comments printed during a program or event. Your eligibility or participation in the *Tech Quest Apprenticeship* program will not be affected by your decision.

**Yes**, I give my permission for the *Tech Quest Apprenticeship* program, its agents, contracted service providers and their respective staff, broadcast or print media to photograph, video record, audio record or print comments from me. I understand that I will not receive any form of compensation for the use of my picture, voice, or comments. Any photographs, video and audio of me, or comments from me are and will remain the property of the *Tech Quest Apprenticeship* program.

**No**, I do not give my permission for the *Tech Quest Apprenticeship* program, its agents, contracted service providers and their respective staff, broadcast or print media to photograph, video record, audio record or print comments from me.

I understand that I may revoke my permission at any time by notifying the *Tech Quest Apprenticeship* program in writing of my decision to do so. I, further, understand that typing my name will serve as my electronic signature.

X: \_\_\_\_\_

Date: \_\_\_\_\_

*Authorized Representative Signature*

X: \_\_\_\_\_

*Print Name*

