



PARTICIPANT Application

Flex-Options for Women

A Project of the Women's Bureau, U.S. Department of Labor

To complete this form, tab to each line and type your responses. E-mail or fax the completed and signed form to the Women's Bureau Regional Office listed on the back of this form.

Contact Name:

Company:

Number of Employees:

Address:

City:

State:

Zip:

E-mail:

Phone:

Fax:

Please indicate the type(s) of flexible work practices you **currently have in place**:

- Flextime
- Compressed Work Weeks
- Part-Time Work
- Job Sharing
- Telecommuting
- Other

Please indicate the type(s) of flexible work practices you are **interested in implementing or enhancing***:

- Flextime
- Compressed Work Weeks
- Part-Time Work
- Job Sharing
- Telecommuting
- Other

***Definitions for Purposes of the Flex-Options Project:**

"Implementing": Creating a new workplace flexibility policy, program or practice that has never been available to any employees at a specific employer location.

"Enhancing": Expanding an established workplace flexibility policy, program or practice by increasing the number of employees eligible to participate in an established workplace flexibility program or practice, or broadening the scope of an established workplace policy, program or practice, e.g., expanding a pilot program; offering full-time telework in addition to part-time; offering additional compressed work week options, etc.

Provide a brief summary of your overall experience with workplace flexibility policies, programs and practices.

Participant Guidelines

- Business owner interested in creating a more flexible workplace by implementing or enhancing any number of flexible options.
- Complete this participant application
- Attend at least one virtual presentation and one local event
- Stay current with project updates on Website (www.flexoptions.org)
- Give permission for name/company to be used at Flex-Options events, on Website, and in publicity materials
- Provide feedback to help evaluate program

Authorization

I have read the **Participant Guidelines** and agree to abide by them when participating in the Women's Bureau *Flex-Options* project. I hereby release and hold harmless the United States Department of Labor Women's Bureau for the use of my name, written or spoken words, photograph, picture, portrait, likeness, and voice (hereinafter collectively known as image) in order to operate, evaluate, and publicize the *Flex-Options* project. This includes the right to use, reproduce, publish, exhibit, distribute, and transmit my image individually or in conjunction with other images or printed matter in the production of brochures, motion pictures, television tape, sound recordings, still photography, CD-ROMs, and other media. I understand that my image may be obtained through my participation in the Women's Bureau *Flex-Options* website, or at any *Flex-Options* events held at the local, regional, or national levels.

Signature:

Date:

Return to: