

## Student Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Date of Entry to Job Corps: \_\_\_\_\_

Current Age: \_\_\_\_\_

Sending Center: \_\_\_\_\_

Transfer Coordinator (Name/Title):

\_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## Commitment Statement

To be completed by the applicant with an updated resume attached.

Full Name: \_\_\_\_\_

Sending Center: \_\_\_\_\_

## Commitment Essay

Please write a short essay and attach it to this page (minimum three paragraphs) explaining why are you applying for advanced training at Shriver, and what you expect to gain from this program? We would also be interested in any additional comments you wish to add about yourself such as your plans after you graduate, strengths and weaknesses, or special qualities that will make you stand out in this program. We expect you to give a lot of thought to this section.

**STAPLE ESSAY AND RESUME TO THIS PAGE**



**Career Counselor**

Applicant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sending Center: \_\_\_\_\_

Please provide a summary of the applicant's most recent three performance appraisals. Also include information from vocations and residential living, and comments pertaining to the applicant's ability to relate to peers and live in a Diverse environment. Please attach additional sheets if necessary.

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I Certify that the attached documents are current and correct, that the applicant received all clothing allotment due, that the official Job Corps file will arrive within 24 hours of the trainee's arrival, and that the transfer will occur in CIS prior to the applicant's arrival.

\_\_\_\_\_  
Instructor Date

**PLEASE ATTACH THE FOLLOWING:**

- Last three performance evaluations**
- Copy of Social Security Card**
- Copy of High School diploma or GED**
- Copy of Driver's License**
- CIS Student Profile/ETA 640**
- Updated Personalized Career Development Plan (PCDP)**
- WBL Hours (required before acceptance)**
- IEP**

**Center Standards Office Recommendation**

Applicant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sending Center: \_\_\_\_\_

**TO BE COMPLETED BY CENTER STANDARDS OFFICER**

Summary of applicant's performance history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List major discipline incidents with dates throughout Job Corps enrollment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of unexcused absences for length of enrollment:

\_\_\_\_\_  
\_\_\_\_\_

I recommend the above student for Advanced Training at Shriver Job Corps Center.

\_\_\_\_\_  
Center Standards Officer

\_\_\_\_\_  
Date

**PLEASE ATTACH THE FOLLOWING:**

**Student Conduct File**

**Case Notes-List Detail from date of enrollment**

**Student Status History (for length of enrollment)**

**Academy/Center Cell Phone/Personal Electronic Device Agreement**

**Shriver Job Corps Academy/Center  
Cell Phone/Personal Electronic Device Agreement**

I, (print name) \_\_\_\_\_, agree to follow the conditions regarding the use of my cell phone/personal electronic device while enrolled at the Shriver Job Corps Academy/Center. If **any** portion of this agreement is not followed at any time, then my privilege to have or use my cell phone/personal electronic device will be revoked. I then must turn my phone over to a *SAS Job Corps Academy/Center Staff Member* to hold it in the Safety Office for 15 days. Failure to do so may result in my termination from the program.

I understand that I am **not** allowed to have my cell phone/personal electronic device **ON ME** from    7:45a.m.     to    3:30p.m.     **Monday through Friday**, during the “work” (training) day. As a trainee, I understand that I am allowed to use my cell phone/personal electronic device as soon as I return to the dormitory after    3:30 p.m.     until lights-out at    11     p.m. weekdays, and until    7     a.m. on the weekends. I agree that I can use my cell phone/personal electronic device on the weekends all day until lights-out unless I am involved in training during that day. If my cell phone/personal electronic device usage is deemed inappropriate by staff, my phone will be taken from me for a minimum of 15 days (2<sup>nd</sup> offence 30 days, 3<sup>rd</sup> offence 30 days plus BRP). Grad 90 students may carry a cell phone for job related purposes only. They are only allowed to answer business calls in the Grad 90 class that pertains to Job leads.

As a trainee, I also agree to place my cell phone/personal electronic device, including the serial number, on my dormitory inventory list immediately. I will be responsible for my own cell phone/personal electronic device bill, even if the cell phone/personal electronic device is loaned, lost, stolen or confiscated. The cell phone/personal electronic device authorization is only for me – the student holding the permit that matches the phone signed to it. My cell phone/personal electronic device will be confiscated from a student using my phone without a permit for it.

I understand that use of my cell phone/personal electronic device to post information to Web sites will be grounds for immediate Behavior Review Panel (BRP) and subsequent termination.

I, (signature) \_\_\_\_\_, understand that all staff can request to see my cell phone/personal electronic device permit at any time while I have my phone on me and that I must comply with that request. Date:    /   /

**Minimum Standards for Smoking Policy:**

State laws shall govern academy/center smoking policies. For academies/centers that allow smoking, the campus shall have clearly marked designated smoking area(s). Campuses shall ensure ongoing smoking-cessation programming on campus and the availability of medical aids.

**Minimum Standards for Campus Dress:**

Academies/Centers shall establish a minimum Dress Code Policy. The following is the Minimum Standards Dress Code Policy.

**Campus Dress Code Policy**

**Work Day Dress Standards:**

- Workplace uniform must be worn during the training day.
- Shirts must be tucked in. Any T-shirt or undergarment worn under the shirt must not extend below sleeve of the uniform shirt.
- Pants must ride on the waistline and be of proper size.
- Belts must be worn, buckled properly, centered and not left open or dangling (Brown or black plain belts only. No designs or added effects. No large belt buckles).
- Undergarments cannot be visible.
- Closed-toed shoes must be worn and laced; safety boots for CTT programs, where a requirement exists.
- Hair must be properly groomed, clean and neat (combed, braided or pulled back). Beards must be neat in appearance. Designs or initials shaved into the hair or eyebrows, and rainbow-colored and day-glow-colored hair are prohibited. Haircuts such as Mohawks and spikes or haircuts deemed inappropriate for the workplace are prohibited.
- Identification cards must be in possession at all times on campus.
- Body-piercing adornments, other than earrings, such as grills, gages, tongue rings, nose rings, lip piercing, eyebrow rings or facial piercings of any type are not permitted during training hours.
- Large, oversized (over a quarter size) earrings are not allowed during the training day. (Males are not allowed to wear earrings during the training day. All jewelry must be tucked in and not visible.
- Head gear: Bandannas, wave caps, scarves, stocking caps, do-rags, hats, curlers, and all other head gear not listed are prohibited during the training day or inside (Winter head gear will be announced) any building including the cafeteria and dorm. Religious covering may be worn with prior approval from the academy/center director or designee.
- Tank tops, halter tops, bikini tops, tube tops, see-through shirts, shirts exposing stomach area/bare midriffs, unclothed upper body, and muscle shirts are not permitted. Skirts and dresses must be at workplace-appropriate length.
- Slippers, house shoes, flip-flops and bare feet are a safety hazard and are not permitted outside the dorms. If the shoe has laces, they must be tied.
- Gang-related clothes/colors may not be worn. Any clothing that may symbolize gang affiliation, hatred or violence is prohibited.
- Clothing or accessories may not be worn which signify hustling, loan sharking, gambling, gang affiliation, violence, drugs, tobacco, alcohol, sex or contain any type of vulgar or suggestive expression. Hard trades must wear plain colored shirts with no markings.
- Hair picks or combs may not be left in the hair.
- Night wear, sleep wear, robes and pajamas are permitted in the dorm only.

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**Print Name**

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**Sign**

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**Date**

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**Non-training Hours Dress Code Standards:**

- Pants must ride on the waistline and be of proper size.
- Belts worn must be buckled properly, centered and not left open or dangling.
- Undergarments cannot be visible above the waistline of pants.
- Hair must be properly groomed, clean and neat (combed, braided or pulled back). Beards must be neat in appearance. Designs or initials shaved into the hair or eyebrows, and rainbow-colored and day-glow-colored hair are prohibited. Haircuts such as Mohawks and spikes or haircuts deemed inappropriate for the workplace are prohibited.
- Identification cards must be in possession at all times on campus.
- Head gear: Bandannas, wave caps, scarves, stocking caps, do-rags, hats, curlers, and all other head gear not listed are prohibited inside any building except for dorms. Religious covering may be worn with prior approval from the academy/center director or designee.
- Tank tops, halter tops, bikini tops, tube tops, see-through shirts, shirts exposing stomach area/bare midriffs, unclothed upper body, and muscle shirts are not permitted (exceptions may be granted by the academy/center director for recreational purposes). Skirts and dresses must be at workplace-appropriate length.
- Slippers, house shoes and bare feet are a safety hazard and are not permitted outside the dorms. If the shoe has laces, they must be tied.
- Gang-related clothes/colors may not be worn. Any clothing that may symbolize gang affiliation, hatred or violence is prohibited.
- Clothing or accessories may not be worn which signify hustling, loan sharking, gambling, gang affiliation, violence, drugs, tobacco, alcohol, sex or contain any type of vulgar or suggestive expression.
- Hair picks or combs may not be left in the hair.
- Night wear, sleep wear, robes and pajamas are permitted in the dorm only.

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**Print**

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**Sign**

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**Date**

**Minor Consent Form – Off Center Activities  
(If under 18)**

Trainee Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Trainee ID #: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN**

Name: \_\_\_\_\_ Relationship to Trainee: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, And Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Trainees enrolled in Job Corps earn passes to leave the center based on satisfactory attendance and performance. These passes are either for recreation trips, day passes, or overnight passes (overnight passes are usually for weekends). Trainees must declare their destination on any overnight pass. Destinations may include home of the trainee, another trainee's residence, or other areas in the local community. While on pass, the trainee is **not** under supervision. Center staff and the center are **not responsible** for transportation, lodging, or food.

Job Corp's policy requires that written permission be obtained from the parent or guardian before passes can be granted to a trainee under the age of 18. We must have this document on file before passes will be granted. Please check the appropriate conditions listed below under which you grant permission for a pass to be issued:

**I GIVE PERMISSION FOR THE FOLLOWING PASSES:**

- ( ) Permission denied to take any passes otherwise notified.
- ( ) Permission only to take passes to return home.
- ( ) Permission to take center based recreational trips.
- ( ) Permission to take overnight passes on weekends and holidays.
- ( ) Permission to leave center for brief periods of time during evening hours and on weekend days prior to center's established curfew hour.

Other conditions: \_\_\_\_\_

NOTE: Trainees must observe the zero tolerance for violence and drug policy while on pass.  
After trainee reaches the age of 18, this form no longer applies.

\_\_\_\_\_  
Parent/ guardian signature

\_\_\_\_\_  
Date

## List of Contraband items

1. Drugs and Drug Paraphernalia (prescription only w/ Health. Service pre-approval).
2. Alcohol
3. Weapons and Ammunition – Bullets, Shells etc.
4. Knives – Pocket Knives, Blades, Box cutters, Paint scrappers etc.
5. Fireworks
6. Aerosol Cans- Deodorant, Hair Spray
7. Bandanas and Beads (esp. associated w/ Gangs)
8. Pornographic Material, (Movies, Magazines, T-shirts, posters etc.)
9. Clothing or apparel w/Gang Related signs, Weapons, drugs etc.
10. Loose Tobacco – Rolling Papers
11. Cigars – Black n’ Mild, Philly Blunts, etc.
12. Chains- Wallet Chains,
13. Laser pointers
14. 2 Way Radio’s
15. Black Lights
16. Video Cameras – (*cell phones w/ cameras are allowed. Any misuse of the camera function may lead to confiscation.*)
17. Stolen Property
18. Any items which are illegal under State Law.
19. Any Items that can be used as Weapons.

**STUDENT WELLNESS TRANSFER SUMMARY**

Complete summary and forward to the receiving center at least 2 weeks prior to student arrival (refer to PRH-6: 6.4, R2(c)).

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ CIS ID#: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Transferring Center: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_ Receiving Center: \_\_\_\_\_

Insurance: \_\_\_\_\_

Allergies: \_\_\_\_\_

Student  IS  IS NOT currently prescribed medication?

[If yes]: Medication and dosage;

_____	_____
_____	_____
_____	_____

During Their Enrollment Student  WAS  WAS NOT determined to have a chronic medical condition.

[If yes] Documentation of case management enclosed.

Upcoming appointments (if applicable): \_\_\_\_\_



## MEDICAL

Date of last Physical Exam: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

Vision Exam: \_\_\_\_\_  Contacts  Glasses Color deficit:  Yes  No

Hearing Exam: \_\_\_\_\_

Cleared for Full Program/Sports:  Yes  No Date Cleared: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

### Immunization

MMR Current Dates 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

TD Date of Last vaccination \_\_\_\_\_

HEP B Dates 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Date of Last PPD: \_\_\_\_\_  Positive  Negative Last CXR: \_\_\_\_\_

TB Treatment Received/completed: \_\_\_\_\_

Date of last Pregnancy test (female only): \_\_\_\_\_

Medical Summary: \_\_\_\_\_

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Center Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ORAL HEALTH

Dental Priority Classification:  Priority 3  Priority 4

Last dental appointment date: \_\_\_\_\_

Orthodontics:  Yes  No If yes, date of last orthodontic visit: \_\_\_\_\_

Address and telephone number of orthodontic office after student transfers: \_\_\_\_\_

Dental Summary, including treatment needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Center Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TEAP

Entry Toxicology:  Passed  Failed If failed, list substance (s): \_\_\_\_\_

[If failed] Student completed the TEAP probationary program and retested Negative on  
Date \_\_\_\_\_.

Suspicion Testing Dates/Results: \_\_\_\_\_

Alcohol Incidents: \_\_\_\_\_

Attended TEAP Intervention Services?  Yes  No Dates: \_\_\_\_\_

TEAP Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEAP Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MENTAL HEALTH**

Mental Health Diagnoses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last CMHC Appointment, if applicable: \_\_\_\_\_

Provide date(s) of MSWRs for mental health related reasons: if applicable \_\_\_\_\_  
\_\_\_\_\_

Mental Health Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CMHC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DISABILITY/ACCOMMODATIONS

Disability/Accommodations Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Disability Coordinator Signature:* \_\_\_\_\_

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

*HWM Signature:* \_\_\_\_\_

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

*Center Director Signature:* \_\_\_\_\_

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

**Medical Enrollee Consent**

1. I hereby authorize Job Corps, through appropriately designated medical personnel, to make any required physical examinations and tests to include but not limited to: initial physical exam, immunizations, test for syphilis, hemoglobin, sickle cell trait, HIV, PAP smear, Chlamydia, Gonorrhea, infection, pregnancy, drugs, etc. deemed necessary for my health and well being. I further authorize Shriver Job Corps Center to secure a complete transcript of my medical records if it is needed to determine my eligibility for Job Corps.
2. During your stay at Shriver Job Corps Center, you may have to take medications prescribed to you for any illness that arises. It is very important that you understand the necessity of taking all prescribed medicines as directed by the nurse or doctor. All doses of medications are to be taken whether they are given in Wellness or in the dorms at night or on the weekends. If you missed your medications once, you will be given a warning. After that warning you may be written up, or possibly fined. Missing your appointments for on and off center health services, dental care, and TEAP activities will also result in penalties.
3. The Wellness Center is staffed Monday through Friday 7:00 a.m. until 5:00 p.m.

Walk-in Hours	
7:00 a.m.-7:45 a.m.	Monday-Friday
11:30 a.m.-12:30 p.m.	Monday –Friday (Except Wednesday)
3:30 p.m.-4:15 p.m.	Monday- Friday

**Medications can be picked up anytime during walk-in hours.**

Only emergencies will be addressed if you walk in during training hours. To be seen you must have a pass signed by an authorized person. If you arrive at the Wellness Center after open hours, you will be scheduled at the next available time.

4. When the Wellness Center is closed, there is on-call Staff for students who live in the dorms to respond to your medical needs after hours and on weekends. They can be reached through your residential advisor or through other staff members.
5. Job Corps is responsible for medical services incurred while you are participating in job related duties. Job Corps does not provide reimbursement for services that are not preapproved.

**I AGREE TO THESE PROVISIONS.**

Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Trainee ID# \_\_\_\_\_ DOB: \_\_\_\_\_

**Medical Insurance Coverage**

1. Shriver Job Corps Health and Wellness Center provides basic primary medical treatments while performing Job Corps related duties. Medical treatment that is NOT considered necessary such as plastic surgery or braces will be paid for by the trainee. Sub-specialty or additional care is also paid for by the trainee.
2. You may be eligible for, the state health insurance program, MassHealth. We will help you obtain MassHealth coverage if you do not have it. If you are covered by other insurance (either through work or parents or other programs), please complete the information below. If you have no insurance, Job Corps will pay for basic, primary, and necessary services only.
3. If you have medical coverage upon entering Job Corps, it is your responsibility to make sure that it does not expire. You may be responsible for the medical bills.
4. Job Corps does not provide medical insurance and is not an insurance company.

**Agreement**

I have read and understand the health and wellness information. I agree to follow the rules of the health services department and maintain coverage.

**Medical Insurance Information**

Insurance: \_\_\_\_\_ Insurance #: \_\_\_\_\_

Group#: \_\_\_\_\_ Employer: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Training ID#: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, And Zip: \_\_\_\_\_

Pharmacy used by Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital authorized by Insurance Company: \_\_\_\_\_

Mental Health Provider: \_\_\_\_\_ Phone#: \_\_\_\_\_

       **I do not have insurance.** I will assist Health Services with the MassHealth application process, by enclosing my **Birth Certificate**.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

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

**Minor Consent Form – Health and Wellness Services**  
(If under 18 years)

Trainee Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Trainee ID #: \_\_\_\_\_ Resident: \_\_\_\_\_ Non-Resident: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN**

Name: \_\_\_\_\_ Relationship to trainee: \_\_\_\_\_

Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

As parent/guardian of the above **minor** trainee, I **give** permission for the trainee to receive basic medical care services provided by the health and wellness center at Job Corps. Basic services include off-center appointments with an eye doctor if needed. I can be reached at the following numbers if needed.

- 1. Home: \_\_\_\_\_
- 2. Work: \_\_\_\_\_
- 3. Message: \_\_\_\_\_

In an emergency, if we are unable to reach the above person, I give authorization for SJCC to please call the following person(s) regarding the above trainee.

Name: \_\_\_\_\_ Relationship to Trainee: \_\_\_\_\_

Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

I, \_\_\_\_\_, give permission to SJCC to seek emergency medical and/or psychiatric care on behalf of my minor child and for the physician/hospital to give necessary emergency treatment if I can not be contacted.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Commitment of Completion**

I, \_\_\_\_\_, acknowledge upon my acceptance into Shriver Job Corps Center's Advanced Training Program, I commit to completing the Advanced Training Program. I understand that this is an Advanced Job Corps program (including college). I understand that my decision to accept the invitation to Advanced Training is voluntary, and I will adhere to all the policies and procedures administered by Shriver Job Corps Center.

\_\_\_\_\_  
Trainee Applicant Signature

\_\_\_\_\_  
Minor Parent's Signature

\_\_\_\_\_  
Center Director Signature