



APPLICATION

STUDENT INFORMATION

Student ID # _____ Today's Date _____

Name: _____

Address: _____

City, State, Zip Code: _____

School Email Address: (XXXXX@dbqschools.org) _____

Other Email Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Date of Birth: _____

Class (circle one): 8th Grade Freshmen Sophomore Junior Senior

Applying for Program (circle one): Advanced Manufacturing Construction Pre-Engineering Auto/Diesel Mechanic

High School You Are Attending (circle one): Hempstead Senior

High School Counselor's Name _____

T-Shirt size: Adult Medium Adult Large Adult X Large Adult 2X Large

Guardian(s) Information

Name: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Guardian(s) Information

Name: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Cell Phone Number: _____ Home Phone Number: _____

(Return to your Counselor's office)

August 2019

Participation Agreement

This application indicates my intent to participate in the Tech WORK’s Program. As a participant in this program, I receive program support and services, including a career coach, job shadow(s), invitations to career events, as well as other potential benefits. If I fail to uphold program expectations I could be removed from the program. I will fulfill all the program requirements. Program completion should result in a plan for additional education or a career following high school graduation.

By signing below, I agree to the terms as defined in the Participation Agreement above.

Student name (please print): _____

Student signature: _____ Date _____

Parent/Guardian Information

Participation Agreement and School Absence Release

This application indicates my student’s intent to participate in the Tech WORK’s program. As a participant in this program, he/she receives program support and services, including a career coach, job shadow(s), invitations to career events, as well as other potential benefits. I understand the program may be a four-year commitment (if they sign up as a freshman), and to the best of my ability, I will encourage and support my student in fulfilling all the program requirements. Program completion should result in a documented plan for additional education or a career following high school graduation. I also give permission for my student to be absent from school for the career exploration opportunities.

_____ *Initial if you agree that your student can participate in the Tech WORK’s Program and be absent from school for Career Exploration Opportunities.*

Participation Release for Career Exploration Opportunities

I am the parent or guardian of the student whose name appears above and I have authority to make legal decision for the benefit of my student. I recognize that career exploration opportunities of the nature have a risk of lost or stolen property, injury or even death during transportation to, from, on-site, and during the activities. I, on behalf of the student and for myself, waive any and all claims of liability arising from the student’s participation in this opportunity, including claims against the following parties (and their employees, contractors and volunteers): Dubuque Area Labor Management Council, the school and school district that the student attends, the school hosting special programs and the employer who hosted the career exploration opportunity. I agree to defend, hold harmless and indemnify Dubuque Area Labor Management Council, the school and school district that the student attends, the school and school district hosting a special program, and the employer who hosted the trip (and their employees, contractors and volunteers) from and against any and all claims of liability that derive from claims that I or my student make against any other party arising from work-site opportunities. I give my consent to have a Dubuque Area Labor Management Council staff member contact my son or daughter at some future date to review their career development. I understand that transportation to and from most career experiences is the student’s responsibility. I also give permission for my student to be absent from school for Career Exploration Opportunities.

_____ *Initial if you agree that your student can participate in career exploration opportunities.*

Media Release for Career Exploration Opportunities

I agree to allow my student’s photograph, video tape or motion picture image that includes hi/her name or likeness or any recording that include his/her voice to be used in marking materials to promote the Tech WORK’s Program. I understand that my student’s photo/image will only be used in a positive manner in publications, print advertising, promotional materials or any other medium to inform others about the career exploration activities coordinated by Dubuque Area Labor Management Council.

_____ *Initial if you agree that your student’s image or name can be included in media or marketing places.*

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date _____