



**STEM**  
INNOVATION

2022 Career Connection Application  
**APPLICATION – Level 1**



**Choose One**



**HEALTHCARE**



**COMPUTER SCIENCE/STEM**

**Student Personal Information** (Please print all required information)

Last Name:		First:		MI	
Address		City		State	Zip
County	DOB: mm / dd / yyyy		Gender: M or F	Social Security Number	
Student Cell Phone#		Best Email to Reach You		Are you a U.S. Citizen? Yes or No	
Student Income				Student Number of Dependents	
Student Place of Employment				Date You Began Working	
Parent Name		Relationship	Parent Email and Phone#		
Emergency Contact		Relationship	Cell#	Work#	
Family Doctor		Work#	Allergies?		
Limitations Related to Health or Special Needs					

Please check all information below that applies to your child:

\_\_\_ My child is interested in attending college

\_\_\_ My child has participated in a career exploratory program in the past 12 months

\_\_\_ My child has mentors, teachers, and others to support his future career endeavors

\_\_\_ My child has experienced some personal challenges in the past

I do hereby give my child permission to participate in the CCEDC and CEO Academy for Youth Career Connection Academy.

\_\_\_\_\_  
Parent Name Print

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I understand there is no cost associated with the program because my family meets income guideline.

\_\_\_\_\_  
Parent Name Print

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**CHESTER COUNTY**  
WORKFORCE DEVELOPMENT BOARD

*Advancing Chester County's Workforce*

**STATEMENT OF RECEIPT  
OF  
PROGRAM HANDBOOK**

I, hereby, certify that I have received the Participant handbook and have been instructed on its contents including:

- ✓ Program Overview
- ✓ Overview of Policy and Procedures
- ✓ Participant Benefits
- ✓ Rights and Responsibilities
- ✓ Grievance Procedures
- ✓ Rules of Conduct for Participants
- ✓ Information Release and Photo Release
- ✓ Drugs and Alcohol Policy
- ✓ Civil Rights Statements
- ✓ Sexual Harassment Policy
- ✓ Summary of Responsibilities and Participant's MOU

I further certify that I understand my rights and obligations as outlined in the Handbook and agree to comply with the policies stated herein, and acknowledge so with my signature.

\_\_\_\_\_  
Applicant/Participant Signature

\_\_\_\_\_  
Date Signed

*Jatti VanGrove*

Witness by Case Manager

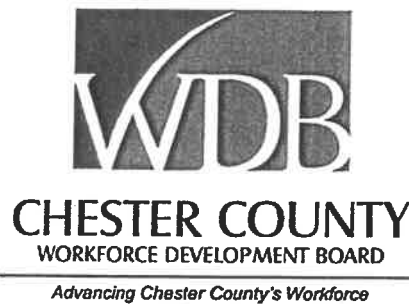
2/1/2022

Date Signed

CASD – 1425 E. Lincoln Highway, Coatesville, PA 19320

Witnessed at: (name and address where the document was received)

**Note: This document must be retained in the Applicant/Participant file.**



## **PARTICIPANT RIGHTS AND GRIEVANCE PROCEDURES**

As a participant in a federally funded program, you are guaranteed certain rights by law. You should receive the same fair and equal treatment as any other person participating in a similar work or training situation. If you feel your rights to equal employment are being denied, you are encouraged to discuss this with your immediate Case Manager or Program Instructor. In particular, you should immediately report any discriminatory action taken against you on the basis of your race, creed, color, national origin, sex, religion, age, political affiliation or belief or handicap.

If, after you have done this, you do not feel the situation has been corrected, you should contact the EO/AA Officer of the Chester County Department of Community Development, the local Workforce Development Area Office at (610) 344-6900. The EO/AA Officer will review the situation and, if necessary, assist you in filing a formal grievance. In the event that you don't feel comfortable contacting the EO/AA Officer, you should contact your Program Instructor, DCD Case Manager, CAO Caseworker or the DCD Deputy Director for further assistance.

### **Complaint and Grievance Procedure**

Within one year (except for fraud or criminal activity) from the alleged commission of a violation (180 days for complaints alleging discrimination because of a handicap), any WIOA or TANF Program Participant, staff member, subcontractor, or other interested party shall have the right to file a complaint with the DCD and receive fair and impartial processing of the complaint, according to the following procedures:

**Filing of Complaints:** Any aggrieved party shall first be required to meet with the designated representative of the subcontractor, their Case Manager, CAO Caseworker, or Program Instructor.

If this fails to resolve the issue, within five days, the complainant shall submit the complaint in writing to the DCD, to the attention of the AA/EO Officer or Deputy Director and request an informal conference. *At a minimum the written complaint should include:*

-the name and address of the complainant,

- the name and address of the person/agency charged with the violation,
- the reason for the complaint, and
- the date and time of the violation.

Within forty-eight (48) hours of the receipt of a written complaint, the EO/AA Officer will inform the person(s) or agency charged, of the receipt of the complaint.

**Opportunity For An Informal Conference:** Within ten (10) days of the receipt of the written request for an informal conference, the AA/EO Officer will convene the conference. During this meeting the AA/EO Officer will attempt to resolve the issue informally. The AA/EO Officer's findings will be submitted to the complainant no later than ten (10) days following the conference.

**Opportunity For A Hearing:** If the complainant is not satisfied with the results of the informal conference, he/she must inform the AA/EO Officer (within five (5) days of receiving the AA/EO Officer's findings), and may request a hearing, (to be held within thirty (30) days from the date the complaint was filed), before an impartial judge, to be appointed by the DCD. Those individuals involved will be notified in writing of the date, time and place of the hearing. Both parties may utilize legal counsel and may produce appropriate witnesses and records. Within sixty (60) days of the filing of the complaint, a written decision will be issued by the hearing officer.

**Notice Of Recourse:** If the complainant is still dissatisfied, within ten (10) days of the receipt of the hearing officer's written decision, he/she may request a review by the appropriate state agency:

Pennsylvania Department of Labor and Industry,  
Bureau of Workforce Development Partnership  
Harrisburg, PA

and/or

Department of Public Welfare  
Harrisburg, PA

Either of these agencies will review the case and issue a decision within thirty (30) days. Their decision will be final.

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I have read the above and understand the Chester County Department of Community Development Complaint and Grievance process.

<hr/> Applicant (Youth) Signature	<hr/> Date	 Program Staff Signature	<u>2/1/2022</u> Date
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## Equal Opportunity Is the Law Under the Workforce Investment Opportunity Act/TANF

It is against the law for any recipient of Federal financial assistance from the U.S. Department of Labor under Title I of the Workforce Investment Opportunity Act (WIOA) to discriminate on the following bases:

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- Against any beneficiary of programs on the basis of the beneficiary's citizenship/ status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIA Title I financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

**What to Do If You Believed You Have Experienced Discrimination**  
If you think that you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the U.S. Department of Labor recipient, or the U.S. Department of Labor's Civil Rights Center, using the Complaint Information Form (CIF) below. Copies of the CIF may be obtained by contacting the Civil Rights Center. Each State is required to designate a person to serve as an Equal Opportunity Officer, and make known the name of the person to the public. The address of the U.S. Department of Labor's Civil Rights Center is listed below:

Director  
Civil Rights Center  
U.S. Department of Labor  
Room N-4123  
200 Constitution Avenue, NW  
Washington, DC 20210  
Voice: (202) 693-6502  
TTY (202) 693-6515  
[e-mail](#)

The Civil Rights Center can also provide the name and contact information of any State-level WIOA Equal Opportunity Officer. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center.

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with Civil Rights Center. However, you must file your Civil Rights Center complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

Complaints must be filed within 180 days of the date of the alleged discrimination, unless the time for filing is extended by the Director for good cause shown.

[CIF in English \[Word\] \[PDF\]](#)

[CIF in Spanish \[Word\] \[PDF\]](#)

Freedom of Information Act | Privacy & Security Statement | Disclaimers | Important Web Site  
Notices | Plug-ins Used by DOL

U.S. Department of Labor | Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210  
[www.dol.gov](http://www.dol.gov) | Telephone: 1-866-4-USA-DOL (1-866-487-2365) | [TTY](#) | [Contact Us](#)


Student Signature \_\_\_\_\_ Date: \_\_\_\_\_



## **TANF YOUTH DEVELOPMENT PROGRAM (TANF YDP)**

### **Authorization for Release of Information**

I hereby authorize and request the disclosure to the TANF YDP service provider any information concerning education and training activities and any additional information involving eligibility for myself. As a client in TANF YDP, I give permission to the TANF YDP service provider to discuss my case with other agencies as needed to further my participation in TANF YDP. It is understood that the information obtained will be used only for purposes directly related to the participation and eligibility with the TANF YDP service provider.

<b>Organization Name and Address:</b>  CCEDC 737 Constitution Dr. Exton, Pa 19341	
<b>Staff Name (please print)</b>  Patti VanCleave	
<b>Staff Signature:</b>  	<b>Date:</b>  2/1/2022

<b>Client Name (please print) and Address:</b>	<b>Date of Birth:</b>
<b>Client Signature:</b>	<b>Date:</b>
<b>Signature of Parent or Legal Guardian (if client is under 18):</b>	<b>Date:</b>



601 Westtown Road  
Suite 365  
PO Box 2747  
West Chester, PA 19380  
Phone: 610-344-6900  
Fax: 610-344-6925

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## Photo Release Form

### Permission to use photographs and video images

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I hereby grant CCEDC, and its affiliates, subsidiaries, representatives, and assigns, including any photographer, videographer, or other agent acting on behalf of CCEDC the full right and permission to use, publish and produce photographic images, video or other images of myself without restriction in connection with publications or other printed matter, video or slide presentations or in any other form or media. Prepared by Career Corps for illustration, public relations, or any other purpose that is connected to and furthers the mission of CCEDC.

I also release and discharge CCEDC, its representatives, and assigns, including any photographer, videographer, or other agent acting on behalf of CCEDC from any claim by virtue of any lack of clarity or imperfection that may occur or be produced in the taking of use the photographs, video or other images, or in any subsequent processing thereof, as well as, in any publication hereof.

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Participant Name (print)

---

Signature

---

Date

---

Address

---

City

---

State/zip

---

Phone

---

Email



## **Chester County Workforce Development Board**

Government Services Center  
601 Westtown Road, Suite 365  
PO Box 2747  
West Chester, PA 19380-0990  
phone (610) 344-6900 fax (610) 344-6925  
email: [ccdcd@chesco.org](mailto:ccdcd@chesco.org)  
website: [www.chesco.org/ccdcd](http://www.chesco.org/ccdcd)

## **Acknowledgement of participant Civil Rights**

I hereby certify that I have received, read and understand my "Civil Rights" as a Participant of the program and acknowledge so with my signature.

### **WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you think that you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or
- The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. Voice: (202) 693-6502 TTY (202) 693-6515

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

Participant Signature

Date



2/1/2022

Witnessed By WIOA Representative:

Date

CASD – 1425 E. Lincoln Highway, Coatesville, PA 19320

Witnessed at (Name and address where document was received, signed and dated)

Note: This document must be retained in the Participant file.



## SELF-CERTIFICATION FORM

IDENTIFYING INFORMATION			
Applicant's Name: _____			
Last		First	MI
Address: _____			
_____			
Participant ID: _____		Application Date: _____	

I HEREBY CERTIFY UNDER PENALTY OF LAW, THAT THE FOLLOWING INFORMATION IS TRUE:

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES SPECIFIED BY LAW.

\_\_\_\_\_  
APPLICANT'S SIGNATURE/DATE

\_\_\_\_\_  
APPLICANT'S PHONE NUMBER

\_\_\_\_\_  
APPLICANT'S ADDRESS

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (as needed)

The above Self-Certification is being utilized for verification of the following eligibility criteria:

CERTIFICATION
I certify that the individual whose signature appears above provided the information recorded on this form.
Counselor's Signature/Date: _____
Reviewer's Signature/Date: _____



**CHESTER COUNTY**  
WORKFORCE DEVELOPMENT BOARD

*Advancing Chester County's Workforce*

**Chester County Workforce Development  
Area  
TANF Youth Program  
Individual Service Strategy**

Participant ID: \_\_\_\_\_

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

First contact date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Enrollment date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Employment Challenges:**

- ☐ Lacks HS Diploma or GED
- ☐ Deficient in Basic Literacy Skills
- ☐ Behind Grade Level
- ☐ Disability (including learning)
- ☐ Homeless, runaway or foster child
- ☐ Offender
- ☐ Pregnant or parenting
- ☐ Other (describe below):  
N/A

**Supportive Service Needs:**

- |   |  |
|---|--|
| <input type="checkbox"/> Childcare                      | <input type="checkbox"/> Food                      |
| <input type="checkbox"/> Dependent care                 | <input type="checkbox"/> Utilities                 |
| <input type="checkbox"/> Disability services            | <input type="checkbox"/> Mental Health             |
| <input type="checkbox"/> Transportation                 | <input type="checkbox"/> Furniture/Household items |
| <input type="checkbox"/> Housing                        | <input type="checkbox"/> Healthcare                |
| <input type="checkbox"/> Substance use                  | <input type="checkbox"/> Parenting                 |
| <input type="checkbox"/> Violence prevention            | <input type="checkbox"/> Family support            |
| <input type="checkbox"/> Other (describe below):<br>N/A |  |

**Employment History:**Have you ever been employed? ☐ Yes ☐ NoAre you employed now? ☐ Yes ☐ No

Current / Former Employer: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

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

Dates of employment: \_\_\_\_\_

Comments: Not Applicable

**Assessment / Basic Skills Levels:**For In-School Youth, are you on track to complete your current grade or graduate? ☒ Yes ☐ No

For Out-of-School Youth, record the TABE levels for the following areas:

	Raw score		Grade level		Date
Reading					
Total Math					
Language					

N/A

**Assessment of Work Readiness Skills:****Administered WIOA Work Readiness Skills:**Pretest: ☐ Yes ☐ No

Date administered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Demonstrated need for work readiness skills training: ☐ Yes ☐ No**Areas of Emphasis needed:**

- ☒ Positive Work Habits/Ethics ☐ Interviewing  
☐ Employment Portfolio ☒ Life Skills  
☐ Completing Applications ☐ Personal Skills  
☐ Labor Market Knowledge

**Assessment of Aptitudes, & Occupational Skills:**Administered Interest/Aptitude Assessment: ☐ Yes ☐ No

Date administered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Assessment: \_\_\_\_\_

Results of Assessment: \_\_\_\_\_

Administered Occupational Skills Assessment: ☐ Yes ☐ No

Date administered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Assessment: \_\_\_\_\_

Results of Assessment: \_\_\_\_\_

N/A

**Short-term goals  
(to be achieved within 12 months):**

- ☐ Enter Employment  
☐ Enter Military  
☐ Enter Post-Secondary Education  
☐ Enter Advanced/Occupational Skills Training  
☐ Earn GED  
☐ Earn HS Diploma  
☒ Earn Career Readiness Certificate  
☒ Attain Work Readiness Skills

**Services to be provided based on the ISS and  
Objective Assessment:**

CWDS #

- ☒ Tutoring, Study Skills, Training  
☐ Alternative Secondary School  
☒ Paid/Unpaid work Experience  
☐ Paid/Unpaid work Experience  
☐ Occupational Skills Training  
☐ Leadership Development  
☐ Supportive Services  
☒ Adult Mentoring (Required)  
☒ Follow-Up Services (Required)  
☐ Comprehensive Guidance and Counseling

List all Goal / Activities that will assist the youth with obtaining self-sufficiency:

Goal / Activity	Provider (Referred to)	Date Started	Anticipated End Date	Actual End Date
Career Awareness				

List the steps necessary to achieve goal.

1	Weekly onsite programming
2	Field Trips
3	Mentoring
4	
5	
6	
7	
8	

#### Case Manager Section

Please list any additional notes that may be required to assist the youth with achieving goal / activity.

DATE	NOTES

Participant Signature

*John VanGave*

Staff Signature

Date

2/1/2022

Date

List all Goal / Activities that will assist the youth with obtaining self-sufficiency:

Goal / Activity	Provider (Referred to)	Date Started	Anticipated End Date	Actual End Date
Industry Certification				

List the steps necessary to achieve goal.

1	Take online training course(s)
2	
3	
4	
5	
6	
7	
8	

#### Case Manager Section

Please list any additional notes that may be required to assist the youth with achieving goal / activity.

DATE

NOTES

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Participant Signature

*Sarah VanChave*

Staff Signature

Date

2/1/2022

Date

List all Goal / Activities that will assist the youth with obtaining self-sufficiency:

Goal / Activity	Provider (Referred to)	Date Started	Anticipated End Date	Actual End Date
Business Critical Skills				

List the steps necessary to achieve goal.

1	Weekly onsite programming
2	Field Trips
3	Mentoring
4	
5	
6	
7	
8	

#### Case Manager Section

Please list any additional notes that may be required to assist the youth with achieving goal / activity.

DATE

NOTES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Participant Signature

*Patti VanHare*

Staff Signature

Date

2/1/2022

Date

### Participant Commitment and Statement of Understanding

The above plan has been developed and the following discussed with me:

- ☐ The full array of services offered by the Chester County, PA Workforce Development Area
- ☒ I am willing and able to complete the training activities in this plan.
- ☒ I understand that my plan will be updated periodically to meet my needs.  
**Next scheduled ISS Review Date:** April 2022 (within 60-90 days of original ISS)
- ☒ I agree to remain in touch with Leigh Craig for a period of one year after the completion of my training for follow-up activities by my case manager.
- ☐ I understand that supportive services are decided by the case manager and other administrators on an individual needs basis.
- ☒ I will complete my work readiness and basic skills training so that I will be able to attain my goals.
- ☒ I will complete my work readiness skills training so that I will be able to be ready for the workforce.
- ☒ This service strategy has been developed through mutual cooperation and agreement between the service provider and the participant. This is not a guarantee of, or a contract for, provision of services.
- ☒ I further understand that a lack of commitment, participation, or follow-through on my part may result in my termination.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Patricia VanChave

\_\_\_\_\_  
Staff Signature

2/1/2022

\_\_\_\_\_  
Date

## REQUIRED DOCUMENTS CHECKLIST

Youth must provide **COPIES** of one (1) item from each of the categories 1-4 listed below. Youth who are determined eligible through residency in a High Poverty Area must also provide verification of an additional barrier (category 5) where feasible. Note that some documents may satisfy more than one category (e.g., recent Department of Human Services benefits letter for categories 3 and 4).

Reminder: ONLY **COPIES** OF THESE DOCUMENTS WILL BE ACCEPTED. EXPIRED DOCUMENTS **WILL NOT** BE ACCEPTED.

### 1. Proof of Social Security Number

- ☐ Social Security Card **OR**
- ☐ Proof of application for SSN from Social Security Administration

### 2. Proof of Citizenship/Alien Status

- ☐ U.S. citizen **OR**
- ☐ Alien Registration Card **OR**
- ☐ I-94 **OR**
- ☐ I-551

### 3. Proof of PA Residency

*(dated within the last 6 months)*

- ☐ Rent receipt **OR**
- ☐ Receipts for mortgage or utility payments **OR**
- ☐ Deed **OR**
- ☐ Driver's license or PA state ID **OR**
- ☐ Statement that a motel or hotel room is available once rental payment is made **OR**
- ☐ Statement that a room is available at a mission, Salvation Army, homeless shelter, or similar place **OR**
- ☐ Report card **OR**
- ☐ Recent Department of Human Service's benefit letter **OR**
- ☐ Collateral contact **OR**
- ☐ Affidavit from someone other than the participant

### 4. Proof of Household Income

*(dated within the last 90 days)*

- ☐ Recent Department of Human Service's benefit letter **OR** free/reduced lunch
- ☐ One month (30 days) of paystubs dated within the last six months for all employed household members *(Must include payee name and gross income)* **OR**
- ☐ Employer letter that captures information equivalent to one month of paystubs (i.e. name, job title, hours/week, rate, frequency, employer contact info) **OR**
- ☐ If self-employed, 2017 Tax Return including Scheduled C, C-EZ, or E (if receiving rental income) **OR**
- ☐ Department of Labor & Industry Pennsylvania High Poverty Area Verification *(must also provide verification from category 5)*

### 5. Additional Barrier(s)

*(for youth income-eligible through High Poverty Area residency only)*

- ☐ School dropout or identified as at risk of dropping out of school
- ☐ Within the age of compulsory attendance, but has not attended for at least the most recent complete school year calendar quarter
- ☐ Basic skills deficient
- ☐ English language learner
- ☐ Has a disability
- ☐ Court-involved or at risk of involvement
- ☐ Child of an incarcerated parent(s)
- ☐ In foster care or aging out of foster care
- ☐ Homeless or runaway
- ☐ Pregnant or parenting
- ☐ Migrant
- ☐ In need of additional assistance to enter or complete an educational program or to secure and hold employment



Initials  
  
\_\_\_\_\_**PROGRAM OVERVIEW**

Student received the course syllabus which contains the program overview. The remaining policies are documented in student handbook and Chester County Workforce Development Board documents.

Initials  
  
\_\_\_\_\_**STUDENT CODE OF CONDUCT**

To ensure that everyone has a positive experience while participating in the Career Connect Academy (CCA), students are expected to behave in a disciplined, responsible and respectful manner always. Failure to follow these rules and regulations will subject the students to immediate disciplinary action as described more fully below.

Initials  
  
\_\_\_\_\_

**Students must:** respect program staff requests and follow all directions with a positive attitude; respect all safety guidelines required by the facility and program staff, including prescribed locations and boundaries; wear appropriate clothing and shoes during the field trips; respect the differences in other people and make an effort to include everyone; pick up after themselves and throw away all trash; respect other people's personal property and privacy; respect all property including equipment; be respectful of students and staff; alert staff to any challenges; immediately bring disagreements to the staff's attention and conduct your behavior in an age-appropriate manner.

Initials  
  
\_\_\_\_\_

**Students must not:** fight, tease or bully other students using their body, gestures, words, or social media; behave in a manner that may hurt another student or staff member's feelings; put themselves, other students or program staff at risk; go anywhere without the permission of staff; use derogatory terms or offensive language at any time; bring illegal or inappropriate items to the program (weapons, drugs, cigarettes, R-rated materials); use cell phones in any way that violates the cell phone policy outlined in this document.

To ensure the safety of all CCA participants, we reserve the right to dismiss any student whose attitude, attendance, work habits, relations with fellow students, faculty, staff, or general conduct is judged by the staff to be unacceptable. This discretion is absolute and is not subject to appeal or challenge. Under CCA Zero Tolerance Policy, the program reserves the right to summarily dismiss and expel any student for the following violations:

- Any violation of rules, regulations or policies governing the program
- Violation of local, state or federal laws
- Harassing, threatening or intimidating behavior
- Physical, verbal or substance abuse
- Behavior that causes emotional/psychological distress
- Possession of firearms or other weapons
- Use, possession, or sale of tobacco, drugs, inappropriate visual materials, or alcohol while attending the program
- Conduct judged by staff to be inappropriate, immature, harmful to oneself or others, dishonest, disruptive, disrespectful or otherwise unacceptable.

Initials  
\_\_\_\_\_

### **ACCIDENT/INCIDENT PROCESS**

CCA works exclusively with minors, and many of its rules, policies and regulations are designed to promote the protection of these participants. Participants are encouraged to remember that CCA takes the protection of minors very seriously, and that enforcement of these rules and policies are designed to keep them safe while participating in the program.

CCA is committed to the safety of minors during their participation in the program. All faculty and staff members involved in the program are subjected to child abuse and criminal background checks. Because this is a hands-on learning program in medicine, it may be required for faculty and other students

to demonstrate learned activities. However; students should report any challenges or uncomfortable incidents to staff immediately.

Staff members are instructed to make note of any incidents or accidents during each day of program. These reports will be shared with parents by telephone at the time of the incident.

## **RULES AND REGULATIONS**

### **Transportation**

Initials  
\_\_\_\_\_

Parents/guardians are responsible for providing or arranging student transportation to or from the program. Parents may arrange carpools if they wish to do so, without CCA's involvement. No participant will be allowed to go anywhere unsupervised/unchaperoned. While in CCA, students may not take public transportation or taxis unless they are accompanied by a chaperone.

### **Dress Code Policy**

Initials  
\_\_\_\_\_

Students must wear their lab coats to class and bring their assigned stethoscope.

### **Illness**

If a student becomes ill while attending the program, a staff member will notify parents of their condition to discuss plan of action.

Initials  
\_\_\_\_\_

Students must immediately report any injury to staff, so we may take appropriate action, contact parents, and obtain necessary medical care. If a medical professional determines that a student must be held out of an activity, the student shall follow that directive. Assistance in obtaining any needed emergency health services will be provided to students if parents (or their

designated emergency contacts) cannot be reached. However, all expenses for medical care are the responsibility of the parents.

### **ATTENDANCE and PUNCTUALITY**

Initials  
\_\_\_\_\_

Students are expected to attend all assigned program activities. If a student is unable to attend an assigned activity, they must notify staff in advance. If a student is sick, then we encourage the student to stay home for the day to rest and get well. Parents should email staff to notify them of any illness in advance.

Students should arrive to all assigned program activities on time. It is a good practice to arrive at least 15 minutes early to prepare for the day and review materials for upcoming tasks.

### **CELL PHONES, ELECTRONICS and PHOTOGRAPHY**

Initials  
\_\_\_\_\_

Students' cell phones and electronics must be turned off and put away at all times during the program activities. Students may be permitted to use their phones or other devices at designated times.

Students should not post content on social media sites without the consent of those involved in the video or pictures. CCA will have photographers taking pictures throughout the program and hopes to capture some of the most memorable moments for each student.

CCA cannot be held responsible for theft, damage or destruction of personal property. Students bring personal items at their own risk.

CCA will try to photograph highlighted activities throughout the program and post these photos to an online account. Parents will receive access to this account to download photos. Please note only students with signed media releases will be allowed to appear in these photos. CCA will post pictures and profiles of each student participating in the program with a signed consent

form. If we are granted approval to visit a medical facility, students are not permitted to take pictures of patients and other medical professionals.

### **CLASSROOM SETTING AND OTHER LOCATIONS**

Students are expected to use good judgment, respect and consideration for others and their property while participating in CCA. Students are expected to use all equipment (including that belonging to support vendors) in the proper manner it is intended for, following their instructor's directions. Littering, vandalism, graffiti or misuse of grounds or property are grounds for dismissal from the program. Monetary assessments for damages may be made to an individual, individuals or the group.

Tampering with fire equipment or causing damage to the property may result in dismissal. Any damages determined to have been occasioned by the student's use will be charged to the student and/or their parents or guardians, who must pay the charge within thirty (30) days.

### **CODE OF CONDUCT AGREEMENT**

I understand and acknowledge that if I choose not to follow the Student Code of Conduct, there will be consequences.

A first offense will result in a verbal warning explaining the expected behavior.

For a second offense, my parent(s) will be called notifying them of my dismissal from program.

Furthermore, I understand that CCA has a Zero Tolerance Policy for some actions (detailed in this document). In these cases, I will be immediately dismissed and will not receive a program refund.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Initials  
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