

# NORTHEAST IOWA CAREER LEARNING LINK | 2018-2019

## APPLICATION DIRECTIONS

1. Applicant should complete **all student information** and sign and date the **Participation Agreement** section of the form in blue or black ink.
2. Parents/guardians should complete **parent section** and initial, sign and date all sections in blue or black ink.
3. Return both **Student Information and Parent/Guardian Information** forms to your high school counseling office where the **School Information** form will be completed.
4. The high school counseling office will send completed applications to your **career coach** or **Northeast Iowa Career Learning Link office** via mail, fax or email.

mail: Northeast Iowa Community College  
Northeast Iowa Career Learning Link  
Attn: Julie Anderson  
PO Box 400  
Calmar, IA 52132

fax: 563.562.4352

email: andersonju@nicc.edu

## CAREER LEARNING LINK (CLL) PROGRAM ELEMENTS

### Prior to Program

- Apply sophomore or junior year
- Complete the application process (*fill out all sides of the forms*)

### During Program

- Individual Development Plan
- Job shadow or career event (tour, WBL, small group, etc.) (2-8 hours)
- Career coaching sessions
- Optional: mentoring, internship, leadership opportunities, Pre-employment Strategies Course



NORTHEAST IOWA  
COMMUNITY COLLEGE

## STUDENT INFORMATION

Please respond to all questions in blue or black ink unless indicated as optional.

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Age: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Check if same as parent

US Citizen:  Yes  No If no, what country: \_\_\_\_\_

Ethnicity: Hispanic/Latino  Yes  No

Race:  American Indian or Alaska Native  Asian  White or Caucasian

Black or African American  Native Hawaiian or Other Pacific Islander

School Activities: \_\_\_\_\_

Please select your career pathway (you may participate in more than one):

- |                                                             |                                                        |                                                                          |
|-------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Advanced Manufacturing             | <input type="checkbox"/> Agriculture & Animal Sciences | <input type="checkbox"/> Auto Tech, Power Mechanics & Transportation     |
| <input type="checkbox"/> Business, Marketing, & Hospitality | <input type="checkbox"/> Construction Technology       | <input type="checkbox"/> Education, Human & Public Services              |
| <input type="checkbox"/> Health Sciences                    | <input type="checkbox"/> Information Technology        | <input type="checkbox"/> Liberal Arts <input type="checkbox"/> Undecided |

Occupation Currently Considering: \_\_\_\_\_

Do you plan to attend college after high school?  Yes  No

If yes, which level do you hope to attain? (select all that apply):

- |                                                             |                                                          |                                        |
|-------------------------------------------------------------|----------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> On-the-job training/Apprenticeship | <input type="checkbox"/> Certificate or Diploma Program  | <input type="checkbox"/> 2-Year Degree |
| <input type="checkbox"/> 4-Year Degree                      | <input type="checkbox"/> Graduate or Professional Degree | <input type="checkbox"/> Undecided     |

Are you considering attending a Community College?  Yes  No

If yes, is Northeast Iowa Community College one of your current choices?  Yes  No

Work-Based Learning opportunities that interest you (select all that apply):

Work-based learning programs are structured educational programs designed to utilize employer and community experiences to help students meet specific learning objectives. By providing opportunities for students to see the connection between classroom content and potential careers, work-based learning helps students make informed decisions about their life goals so they leave high school ready for college and careers.

- |                                     |                                     |                                                     |
|-------------------------------------|-------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Tour       | <input type="checkbox"/> Job Shadow | <input type="checkbox"/> NICC Campus Career Focused |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Events     | <input type="checkbox"/> Unsure                     |

Do you have a valid U.S. Driver's License?  Yes  No

Does the car you would be driving have insurance?  Yes  No

## Participation Agreement

This application indicates my intent to participate in the Career Learning Link program. As a participant in this program, I receive program support and services, including a career coach, job shadow(s), opportunities for internships and/or a career mentor, invitation to career events, as well as other potential benefits. I may be responsible for repayment and/or be suspended from work-based learning events if I fail to uphold program expectations. I will fulfill all the program requirements. Program completion should result in a documented plan for additional education or a career following high school graduation, and recognition at a high school event.

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

Student Name (please print): \_\_\_\_\_

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

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

I do not want to receive text messages regarding alerts for the Career Learning Link program. Standard text messaging charges may apply (*optional*)

## PARENT/GUARDIAN INFORMATION

### Participation Agreement and School Absence Release

This application indicates my child's intent to participate in the Career Learning Link program. As a participant in this program, he/she receives program support and services, including a career coach, job shadow(s), opportunities for internships and/or a career mentor, invitation to career events, as well as other potential benefits. I understand this program is a two-year commitment, and to the best of my ability, I will encourage and support my child in fulfilling all the program requirements. Program completion should result in a documented plan for additional education or a career following high school graduation, and recognition at a high school event. I also give permission for my child to be absent from school for the work-based learning opportunities.

\_\_\_\_\_ Initial if you **agree** that your child can participate in the Career Learning Link program and be absent from school for Work-Based Learning Opportunities.

### Participation Release for Work-Based Learning Opportunities

I am the parent or guardian of the student whose name appears above and I have authority to make legal decisions for the benefit of this child. I recognize that work-based learning opportunities of this 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 child and for myself, waive any and all claims of liability arising from the child's participation in this opportunity, including claims against the following parties (and their employees, contractors and volunteers): Northeast Iowa Community College, the school and school district that the child attends, the school district hosting special programs, and the employer who hosted the work-based learning opportunity. I agree to defend, hold harmless, and indemnify Northeast Iowa Community College, the school and school district that the child 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 child make against any other party arising from work-site opportunities. I give my consent to have Northeast Iowa Community College 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 child to be absent from school for Work-Based Learning Opportunities.

\_\_\_\_\_ Initial if you **agree** that your child can participate in work-based learning opportunities.

### Media Release for Work-Based Learning Opportunities

I agree to allow my child's photograph, video tape or motion picture image that includes his/her name or likeness or any recording that includes his/her voice to be used in marketing materials to promote Northeast Iowa Community College. I understand that my child'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 CLL and/ or Northeast Iowa Community College for K-12 students throughout the Keystone AEA 1 region.

\_\_\_\_\_ Initial if you **agree** that your child's image or name can be included in media or marketing pieces.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best Way to Reach Your Student: \_\_\_\_\_

# SCHOOL INFORMATION

Please respond to all questions in blue or black unless indicated as optional.

Student's Name: \_\_\_\_\_

Student's School: \_\_\_\_\_ Anticipated Graduation (mm/yy): \_\_\_\_\_ / \_\_\_\_\_

## Demographics

- |                                      |                              |                             |                                                       |
|--------------------------------------|------------------------------|-----------------------------|-------------------------------------------------------|
| Free Lunch Eligible                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown or will not disclose |
| Reduced Lunch Eligible               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown                      |
| Limited English Language Proficiency | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                                       |
| Pregnant or Parenting Youth          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                                       |
| Offender                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                                       |
| Foster Care Youth                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                                       |
| Homeless Individual and/or Runaway   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                                       |
| Alternative School Participant       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                                       |

## Disability Information

Does this student have an Individualized Education Program (IEP)?  Yes  No

Does this student have a documented disability?  Yes  No

- Disability Category:
- |                                                |                                                  |                                                        |
|------------------------------------------------|--------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Autism                | <input type="checkbox"/> Hearing Impairment      | <input type="checkbox"/> Specific Learning Disability  |
| <input type="checkbox"/> Deaf-blindness        | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Speech or Language impairment |
| <input type="checkbox"/> Deafness              | <input type="checkbox"/> Multiple Disabilities   | <input type="checkbox"/> Traumatic brain injury        |
| <input type="checkbox"/> Developmental Delay   | <input type="checkbox"/> Orthopedic impairment   | <input type="checkbox"/> Visual impairment             |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Other health impairment |                                                        |

Special accommodations or support needed: \_\_\_\_\_

## Participation Agreement & School Absence Release

This application indicates the intent of a student from my high school to participate in the Career Learning Link program. As a participant in this program, this student will receive program support and services, including a career coach, job shadow(s), opportunities for internships and/or a career mentor, college credit coursework in my selected pathway, events, as well as other potential benefits. Our school understands the Career Learning Link program is a two-year commitment, and to the best of our ability, school personnel will encourage and support this 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, and recognition at a high school event. This student also has our permission to be absent from school for the above mentioned work-based learning opportunities.

School Representative Name (please print): \_\_\_\_\_

School Representative Title: \_\_\_\_\_

School Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

## Equal Opportunity Acknowledgment

It is the policy of Northeast Iowa Community College not to discriminate on the basis of race, color, national origin, sex, disability, age, employment, sexual orientation, gender identity, creed, religion, and actual or potential parental, family or marital status in its programs, activities, or employment practices as required by the Iowa Code §§ 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 - 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.).