

NORTHEAST IOWA CAREER LEARNING LINK

APPLICATION DIRECTIONS

1. Applicant should complete **both sides** and sign the **Student Information** form in blue or black ink.
2. Parents/guardians should complete **both sides** and sign the **Parent/Guardian Information** form 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

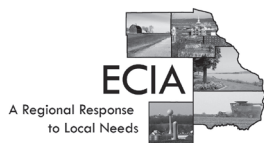
CAREER LEARNING LINK (CLL) PROGRAM ELEMENTS

Prior to Program

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

During Program

- One college credit course (*includes concurrent, articulated, PSEO and/or AP classes*) junior and senior years
- Job shadow in a career of interest (*2-8 hours*)
- Parent orientation (*Career Learning Opportunities Night*)
- Career coaching sessions
- Pre-employment Strategies Course (*may be completed prior to junior year*)
- Optional: mentoring, internship, leadership opportunities



NORTHEAST IOWA CAREER LEARNING LINK

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: _____

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

Email: _____

Date of Birth: ____ / ____ / ____ Gender: Male Female

Emergency Contact Name: _____ Phone: _____

Check if same as parents.

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

High School: _____ Grade: _____ Age: _____

School Activities (music, drama, athletics, clubs, etc.) _____

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

Advanced Manufacturing (Welding, Computer Numerical Control (CNC) or Certified Production Technician (CPT) courses)

Health Information Technology Undecided

Business/Finance STEM - Science, Technology, Engineering, Math (Project Lead the Way courses)

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):

On-the-job training Certificate or Diploma Program 2-Year Degree 4-Year Degree Graduate or Professional Degree

Are you considering attending a Community College? Yes No

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

Parent or Guardian Name(s): _____

Parent or Guardian Email(s): _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

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This workforce solution is partially funded by a \$2,784,360 U.S. Department of Labor Employment and Training Administration Youth CareerConnect Grant.

A member of the Iowa Intermediary Network.

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.).

Participation Agreement

This application indicates my intent to participate in the Youth CareerConnect 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, college credit coursework in my selected pathway, as well as other potential benefits. I understand the Youth CareerConnect program is a two-year commitment, and to the best of my ability, I will fulfill all the program requirements. Program completion should result in the attainment of 6 or more college credits, 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: _____

Release of Information Acknowledgment

For purposes of a data study conducted by the United States Department of Labor (DOL) and entities subcontracted by the DOL regarding instructional improvement models, I understand personally identifiable information (PII) will be released by my high school (as applicable) regarding my:

- Full Name
- Date of Birth
- Individualized Education Program (IEP) status
- Race
- Homeless Individual and/or Runaway Youth
- Reduced Lunch Eligibility
- Foster Care Youth
- Expected Credential During Program
- Date of Expected Cohort Completion
- Date of Program Completion
- Number of Days Missed/Quarter
- Career/Academic Counseling Dates of Service
- Work Experience Activity Dates of Service
- Leadership Development Dates of Service
- Date Entered and Completed Paid/Unpaid Internship Experiences
- Industry-Specific Program Courses Beginning & Ending Dates
- Work-Readiness Indicator
- Number of Post-Secondary Credit Hours
- High School Diploma Attainment Date
- Non-traditional employment entered after program exit
- Type of Postsecondary Education
- Occupations Skills Training Program after program exit
- Name of High School
- Gender
- State Assessment Scores
- Veteran Status
- Offender
- Limited English Proficiency
- Industry Focus in the Program
- Date of Expected Credential
- Date of Program Enrollment
- Date of Program Exit
- FAFSA Completion
- Community Service Dates of Service
- Employer Service in School & Date of Service
- Other Program Service Dates
- Name of Internship Employer
- Names of Industry-specific Program Courses
- Post-Secondary Credit Attainment Dates
- Unsubsidized Employment Participation and Dates
- Unsubsidized Employment after program Exit (*including hours and dates*)
- Name of employer after exit
- Postsecondary Education Remediation
- Student Identification Number
- Disability Status & Category
- Ethnicity
- Grade at time of enrollment
- Free Lunch Eligibility
- Pregnant or Parenting Youth
- Occupation Focus in the Program
- Date of Expected High School Graduation
- Start Date of Program Participation
- Reason for Exit
- Individual Development Plan (IDP) Completion
- Mentoring Dates of Service
- Supportive Service Dates of Service
- Internship Dates of Service
- Internship Job Description
- Participant Satisfaction
- Type of Post-Secondary Credit
- Employer Name during Program Participation
- Training entered after program
- Postsecondary Program Entrance after Program Exit
- Name of Postsecondary School

as required by the Department of Labor to Northeast Iowa Community College, Upper Explorerland Regional Planning Commission, and/or East Central Intergovernmental Association. Data will be collected for the duration of my enrollment in the Youth CareerConnect program. PII will only be used by the requesting organizations for purposes of the study and limit access to those with legitimate interests. Within three years of the end of the grant period (2025) or when it is no longer needed, all PII will be destroyed. Additionally, as participant in this program, I give permission for my career coach and other staff associated with the Career Learning Link program to discuss career experiences and other services provided to me through the program with program partners.

By signing below, I agree to the terms as defined in the Release of Information Acknowledgment above.

Student Name (please print): _____

Student Signature: _____

Date: _____

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.).

By signing below, I agree and understand the terms in the Equal Opportunity Acknowledgment.

Student Name (please print): _____

Student Signature: _____

Date: _____

NORTHEAST IOWA CAREER LEARNING LINK

PARENT/GUARDIAN INFORMATION

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

Student's name: _____

Student's school: _____

Parent or Guardian Name(s): _____

Address 1: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

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

Email: _____

Optional Second Parent or Guardian Name(s): _____

Address 1: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

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

Email: _____

As the parent/guardian of a student participating in the Northeast Iowa Career Learning Link program, I agree to attend a parent/student orientation session regarding this program.

Signature: _____

Participation Agreement

This application indicates my child's intent to participate in the Northeast Iowa 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, college credit coursework in his/her selected pathway, as well as other potential benefits. I understand the Youth CareerConnect 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 the attainment of 6 or more college credits, a documented plan for additional education or a career following high school graduation, and recognition at a high school event.

Participation Release for Career Experiences

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): Youth CareerConnect grant recipient Upper Explorerland Regional Planning Commission, East Central Intergovernmental Association, 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 Youth CareerConnect grant recipient Upper Explorerland Regional Planning Commission, East Central Intergovernmental Association, 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 an Upper Explorerland Regional Planning Commission, East Central Intergovernmental Association, and/or 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.**

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Media Release

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 Youth CareerConnect grant recipient Upper Explorerland Regional Planning Commission, East Central Intergovernmental Association, and/or 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 Youth CareerConnect grant recipient Upper Explorerland Regional Planning Commission and/or Northeast Iowa Community College for K-12 students throughout the Keystone AEA 1 region.

_____ Initial if you do not want your child's image or name to be included in media or marketing pieces.

I approve and support my child's participation in the Youth CareerConnect program offered through the Career Learning Link at Northeast Iowa Community College. By signing below, I agree and acknowledge the terms as defined in the Participation Agreement, Participation Release for Career Experiences, and Media Release in detail above.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Only if currently 18 or older.

Student Name (please print): _____

Student Signature: _____

Date: _____

Release of Information Acknowledgment

For purposes of a data study conducted by the United States Department of Labor (DOL) and entities subcontracted by the DOL regarding instructional improvement models, I grant permission for the high school to release personally identifiable information (PII) regarding my student (as applicable), including:

- Full Name
- Date of Birth
- Individualized Education Program (IEP) status
- Race
- Homeless Individual and/or Runaway Youth
- Reduced Lunch Eligibility
- Foster Care Youth
- Expected Credential During Program
- Date of Expected Cohort Completion
- Date of Program Completion
- Number of Days Missed/Quarter
- Career/Academic Counseling Dates of Service
- Work Experience Activity Dates of Service
- Leadership Development Dates of Service
- Date Entered and Completed Paid/Unpaid Internship Experiences
- Industry-Specific Program Courses Beginning & Ending Dates
- Work-Readiness Indicator
- Number of Post-Secondary Credit Hours
- High School Diploma Attainment Date
- Non-traditional employment entered after program exit
- Type of Postsecondary Education
- Occupations Skills Training Program after program exit
- Name of High School
- Gender
- State Assessment Scores
- Veteran Status
- Offender
- Limited English Proficiency
- Industry Focus in the Program
- Date of Expected Credential
- Date of Program Enrollment
- Date of Program Exit
- FAFSA Completion
- Community Service Dates of Service
- Employer Service in School & Date of Service
- Other Program Service Dates
- Name of Internship Employer
- Names of Industry-specific Program Courses
- Post-Secondary Credit Attainment Dates
- Unsubsidized Employment Participation and Dates
- Unsubsidized Employment after program Exit (*including hours and dates*)
- Name of employer after exit
- Postsecondary Education Remediation
- Student Identification Number
- Disability Status & Category
- Ethnicity
- Grade at time of enrollment
- Free Lunch Eligibility
- Pregnant or Parenting Youth
- Occupation Focus in the Program
- Date of Expected High School Graduation
- Start Date of Program Participation
- Reason for Exit
- Individual Development Plan (IDP) Completion
- Mentoring Dates of Service
- Supportive Service Dates of Service
- Internship Dates of Service
- Internship Job Description
- Participant Satisfaction
- Type of Post-Secondary Credit
- Employer Name during Program Participation
- Training entered after program
- Postsecondary Program Entrance after Program Exit
- Name of Postsecondary School

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By signing below, I agree and acknowledge the terms as defined in the Release of Information Acknowledgment in detail above.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Only if currently 18 or older.

Student Name (please print): _____

Student Signature: _____

Date: _____

NORTHEAST IOWA CAREER LEARNING LINK

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 Yes No
- Reduced Lunch Eligible Yes No
- Limited English Language Proficiency Yes No
- Pregnant or Parenting Youth Yes No
- Offender Yes No
- Foster Care Youth Yes No
- Homeless Individual and/or Runaway Yes No
- Alternative School Participant Yes 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: _____

Please comment on this student's ability to achieve success in the Youth CareerConnect Program: _____

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Participation Agreement

This application indicates the intent of a student from my high school to participate in the Youth CareerConnect 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, as well as other potential benefits. Our school understands the Youth CareerConnect 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 by the student should result in the attainment of 6 or more college credits, a documented plan for additional education or a career following high school graduation, and recognition at a high school event.

Our school approves and supports this student's participation in the Youth CareerConnect program offered through the Career Learning Link at Northeast Iowa Community College. By signing below, we also agree to the terms as defined in Participation Agreement above.

School Representative Name (please print): _____

School Representative Title: _____ School

Representative Signature: _____

Date: _____

Release of Information Acknowledgment

For purposes of a data study conducted by the United States Department of Labor (DOL) and entities subcontracted by the DOL regarding instructional improvement models, I understand the high school must release personally identifiable information (PII) regarding this student (as applicable), including:

- Full Name
- Date of Birth
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- Race
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- Reduced Lunch Eligibility
- Foster Care Youth
- Expected Credential During Program
- Date of Expected Cohort Completion
- Date of Program Completion
- Number of Days Missed/Quarter
- Career/Academic Counseling Dates of Service
- Work Experience Activity Dates of Service
- Leadership Development Dates of Service
- Date Entered and Completed Paid/Unpaid Internship Experiences
- Industry-Specific Program Courses Beginning & Ending Dates
- Work-Readiness Indicator
- Number of Post-Secondary Credit Hours
- High School Diploma Attainment Date
- Non-traditional employment entered after program exit
- Type of Postsecondary Education
- Occupations Skills Training Program after program exit
- Name of High School
- Gender
- State Assessment Scores
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By signing below, we agree to the terms as defined in Release of Information Acknowledgment above.

School Representative Name (please print): _____

School Representative Title: _____ School

Representative Signature: _____

Date: _____