



Mount Wachusett
Community College

444 Green Street
Gardner, MA 01440-1000
mwcc.edu

Project Healthcare
Room 316
(978) 630-9248

STUDENT APPLICATION FORM

Personal Information (Please Print)

Name _____
Last First M.I.

Permanent Address _____
Street, Route, or Post Office Box

City State Zip () -
Home Phone Number

Email Address _____ Cell Phone Number () - _____

Date of Birth _____ Sex: Male Female
Month Day Year

Ethnicity: The Federal Government refers to Hispanic as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. As such, every Hispanic/Latino person has an associated race(s).

Hispanic or Latino

Not Hispanic or Latino

Race: Which of the following best describes you? Check all that apply.

American Indian or Alaska Native

Black or African-American

Native Hawaiian or other Pacific Islander

Asian

White

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Have you ever been enrolled in any of the following programs? (circle any or all that apply):
Upward Bound Talent Search

Do you have a disability? Yes No

Specific disability (optional) _____

Parents' Education

Did either of your parents complete a 4-year (bachelor's) degree? Yes No

* PARENT CONSENT AND LIABILITY RELEASE (REQUIRED)

I, give my son/daughter/ward, permission to participate in the Project Healthcare Program. I also absolve Mount Wachusett Community College, the Project Healthcare Program, their personnel and the Fitchburg and Leominster School Systems of any liabilities and claims arising from my child's participation, and attendance in MWCC Project Healthcare programs, including travel to and from such events and activities.

I also acknowledge that this program is part of a research study to determine if the services provided through Project Healthcare increase students' chances of graduating from high school, getting accepted to a health care degree program and attaining a job in health care. When MWCC has finished this study, MWCC will write a report about what was learned. This report will not include your child's name or that he or she was in the study. If your student decides to stop after the program begins, he or she may do so.

I give permission for the Project Healthcare Program to obtain the academic records/information for the above named student throughout his/her high school career and for six years following his/her graduation to allow for annual tracking of participant's education as is required by federal Department of Health regulations to evaluate the Project Healthcare Program. I understand that this information will be held in compliance with FERPA and other applicable state laws and will only be accessible to appropriate program staff and Department of Health personnel.

I consent to and authorize emergency and non-emergency medical care to be provided to my child in the unlikely event of a health problem, emergency or injury occurring during my child's attendance in the Project Healthcare Program. I give my consent and authorization to appropriate Project Healthcare members to use their judgment in seeking medical care for my son or daughter. I understand that an attempt will be made to contact me in the event that emergency medical care is needed.

I further give permission for the Project Healthcare Program to use pictures, videotapes or audio recordings of the above named student for all program related purposes, including for publication in newspapers and other media. If I do not wish for the Project Healthcare Program to use pictures, videotapes or audio recordings of the above named student I will submit written notification to the program and attach to this application. This consent will remain in effect until its written revocation is received by the Project Healthcare Program at MWCC, 444 Green Street, Gardner, MA. 01440.

PARENT / GUARDIAN SIGNATURE: _____

Date: _____ Parent Email Address: _____

For questions or concerns, please contact: Melissa Bourque-Silva, Director of the National Workforce Diversity Pipeline m_bourque@mwcc.mass.edu or 978-630-9543

*** CODE OF RESPONSIBILITY AND EXPECTATIONS (REQUIRED)**

1. Students are expected to make every effort to attend school every day.
2. Students are expected to meet with their Career Coach. I know that my Career Coach has made a commitment to work with me and assist me in being successful while in school and in my future; therefore, I will work to the best of my ability.
3. Students are expected to attend any and all workshops, and to fully participate in the program. If I am unable to attend class or a special event, I will let my Career Coach know ahead of time. I know that there are very few valid reasons for missing class. Maturity means taking responsibility for my own actions, choices, and behaviors. If I have a question or do not understand my responsibilities in the program, I know I can always speak with my Career Coach.
4. I must be on time to every class and for all special events. As in the workplace, I must be prepared and ready to work at the start of class. There are no good reasons for being tardy to class. In addition, I understand that some events are mandatory and I will plan ahead to participate in those events.
5. Students are expected to demonstrate model behavior in and out of school, including while on any and all educational / cultural field trips. This means respect for myself and for others. I will listen when others are speaking. I will follow through on what I commit to do. I will clearly communicate with my peers and my Career Coach.
6. Students are expected to take advantage of every possible opportunity that is put in front of them in order to make their time with us as memorable as possible. Attitude is everything! While all of us have bad days from time to time, I understand that when I enter the classroom, my bad attitude will be left outside. If I do have a problem or concern, I know that I can speak to my Career Coach in private.
7. Students are expected to share academic information with staff in order to assist in planning and tracking. Student must also give staff permission to access information relating to their academic progress.

8. Students are expected to have fun and do their best! We repeat, attitude is everything! I understand that when I enter the Project Healthcare classroom, my bad attitude will be left outside. If I do have a problem or concern, I know that I can speak to my Career Coach in private.

I have read the above rules and promise to uphold them and to be a good representative of my school and the Project Healthcare Program. I understand that any serious breach of behavior may result in dismissal from the program.

STUDENT SIGNATURE: _____

Date: _____

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