

# MID COAST CONSTRUCTION ACADEMY

## Pre-Apprenticeship Application Packet

### FREQUENTLY ASKED QUESTIONS

- 1. When are applications due?**  
Applications are due April 30, 2019.
- 2. What is the drug testing timeline and window? Such as if a student is drug tested in April will he/she have to pass another drug test close to Aug?**  
Tests can be taken any time before April 30, 2019.
- 3. What are the number of students that each ISD will be allotted?**  
There is no limit. Students will be accepted from every district on a first come, first serve basis until the seats are filled. From there, applicants will be added to a waiting list and will be called if an opening becomes available.
- 4. How and who will determine 9th grade reading level? Does that mean a student who passes 9th grade English?**  
Earning a 9<sup>th</sup> grade English credit would be sufficient. Also, even if they did not pass 9<sup>th</sup> grade English, but can pass the math test we provide, that would also be sufficient due to the many word problems on the exam.
- 5. Do students have to be TSI complete?**  
No. However, if a student is TSI complete they may be exempt from our sponsor approved math test providing they can give proof of scores on a qualifying test.

STATE-APPROVED MINIMUM SCORES TO BE TSI COMPLETE			
ASSESSMENT	READING	WRITING	MATH
TSI Assessment	351	*5 or 4/340	350
Compass (tested and enrolled before 8/26/13)	81	6 or 5/59	39
ASSET (tested and enrolled before 8/26/13)	41	6 or 5/40	38
Accuplacer (tested and enrolled before 8/26/13)	78	W-6 or 5/80	63
THEA/TASP (between 9/1/95 and 8/26/13)	230	220	230
THEA/TASP (before 9/1/95)	220	220	220

- 6. How will ABC measure the physical qualifications?**  
We will follow the standards laid out in the Bona Fide Occupational Qualifications Law.
- 7. When do students take the math test?**  
Students must either take the math test or give proof of being TSI complete by June 30, 2019. They may either take it before school lets out in a counselor's office or make an appointment with ABC this summer (361-572-0299).

#### **What content does math test cover?**

The test covers basic math skills needed to perform the duties of each craft including but not limited to: measurement, fractions, decimals, basic addition, subtraction, division, multiplication, and identification of important details and irrelevant details within a set of instructions.

#### **Is there a cost of test?**

There is no charge for the test.

- 8. Whose code of conduct will be signed?**  
The MCA has a Code of Conduct that must be signed and adhered to by all pre-apprenticeship and apprenticeship students. Each student will be given a copy of the Standards and Student Handbook at the orientation which includes specific requirements for attendance and conduct.

9. **What PEIMS numbers & course names are ISDs using?**

\*Career & Technology Education (CTE) high school credit

Principles of Construction including NCCER Core

1 credit PEIMS#13004220

Electrical 1\*

1 credit PEIMS#13005600

Electrical 2

2 credits PEIMS#13005700

Plumbing 1\*

1 credit PEIMS#13006000

Plumbing 2

2 credits PEIMS#13006100

Because each day a student will spend two hours at the MCA, they will receive two credits. CORE is taken in conjunction with either Electrical 1 or Plumbing 1. Electrical 2 and Plumbing 2 are standalone courses as they are worth two credits each and cover much more material.

If a student has already taken CORE in their local ISD before enrolling in the MCA, we will consider offering another course credit.

\*NCCER Industry-based credentials/certifications with stackable credentials toward Department of Labor apprenticeship program. Level 1 certifications are on the Industry-Based Certification list from TEA.

10. **How will instructors be vetted?**

The instructors are some of our members who have been in the industry for many years (at LEAST journey level) and are NCCER certified. They will sign a release to be background checked within each district. They will be credentialed by each ISD.

11. **Cost of program?**

Please see your school district for details.

12. **When and how do students receive an application?**

Applications will be sent to our contacts within each school district, so students may get them from their counselors, in an email by request, or can be picked up in our office. We are also working on a website to get the applications accessible online—[www.mccademy.org](http://www.mccademy.org).

13. **Who do students turn the application into?**

High school counselors may accept them and turn them into the MCA. If a high school counselor does accept an application, he/she should time and date stamp it at the top of the page in the place indicated so that we may determine which students applied first.

Applications may also be directly mailed:

ABC -- Mid Coast Construction Academy

1408 N Ben Jordan

Victoria, TX 77904

(361)572-0299

In the case of mailed applications, the postmark date will be used as date submitted.

Applications may also be scanned and emailed to [admin@mccademy.org](mailto:admin@mccademy.org).

**PLEASE NOTE: YOU MUST SPEAK WITH YOUR COUNSELOR WHEN REGISTERING FOR CLASSES TO MAKE SURE THESE CLASSES ARE ON YOUR SCHEDULE. SIMPLY COMPLETING THE APPLICATION IS NOT ENOUGH.**

# MID COAST CONSTRUCTION ACADEMY

## PRE-APPRENTICESHIP PROGRAM APPLICATION

DUE JUNE 30, 2019

**DUE: JUNE 30, 2019**

**STUDENTS WILL BE ACCEPTED FROM EVERY DISTRICT ON A FIRST COME, FIRST SERVE BASIS UNTIL THE SEATS ARE FILLED. FROM THERE, APPLICANTS WILL BE ADDED TO A WAITING LIST AND WILL BE CALLED IF AN OPENING BECOMES AVAILABLE.**

TRAINING INTEREST (PLEASE SELECT ONE): ☐ ELECTRICAL PROGRAM ☐ PLUMBING PROGRAM  
 HAVE YOU TAKEN NCCER CORE? ☐ NO ☐ YES \_\_\_\_\_ NCCER #

### STUDENT INFORMATION

Last Name	
First Name	
Middle Name/Initial	
DOB (MM/DD/YYYY)	____/____/____
Social Security #	____/____/____
Address Line 1	
Address Line 2	
City, State, Zip	
Cell Phone #	____-____-____
Mobile Provider	
Home Phone #	____-____-____
Email Address	

### RACE/ETHNICITY/GENDER

CHOOSE ONE.		Choose one.	
<input type="checkbox"/>	American Indian	<input type="checkbox"/>	Male
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Female
<input type="checkbox"/>	Black		
<input type="checkbox"/>	Hispanic		
<input type="checkbox"/>	White Non-Hispanic		

### REQUIRED DOCUMENTATION—TO BE FILLED OUT BY STAFF

<input type="checkbox"/>	Proof of high school enrollment (grade 11 or 12)
<input type="checkbox"/>	High School Transcript showing an English I Credit
<input type="checkbox"/>	Signed Waiver & Release of Liability Form
<input type="checkbox"/>	Signed Drug Testing Consent Form
<input type="checkbox"/>	Drug Test Results (pre-acceptance requirement)
<input type="checkbox"/>	Math Test Results OR Proof of TSI Complete
<input type="checkbox"/>	Signed NCCER Registration & Release Form
<input type="checkbox"/>	Signed Permission for Photography Form
<input type="checkbox"/>	Compliance with the Selective Service System
<input type="checkbox"/>	Signed Student Code of Conduct
<input type="checkbox"/>	Proof of Identity and Eligibility to work in the US
<input type="checkbox"/>	Emergency Form
<input type="checkbox"/>	Field Trip Form
<input type="checkbox"/>	Added to Remind messaging

### HIGH SCHOOL INFORMATION

School Name	
Graduation Date	
City	
Last Year Completed	
Trade related courses (list all)	

**STUDENT EMERGENCY INFORMATION FORM**  
**2019-2020**

**STUDENT**

NAME: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (Age) \_\_\_\_\_ (Sex) \_\_\_\_\_ (Grade)

Social Security Number: \_\_\_\_\_ Weight \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (City/State) Zip (Street) (City/State) (Zip)

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Home) (Work) (Cell) (Home) (Work) (Cell)

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

**LIST PERSONS TO BE CONTACTED IN CASE OF EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED**

CONTACT NAME	TELEPHONE #'S	Relationship	Employer
_____	(Home) _____ (Work) _____ (Cell) _____	_____	_____
_____	(Home) _____ (Work) _____ (Cell) _____	_____	_____
_____	(Home) _____ (Work) _____ (Cell) _____	_____	_____

**MEDICAL INFORMATION**

DOCTOR'S NAME: \_\_\_\_\_ OFFICE #: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_

DENTIST'S NAME: \_\_\_\_\_ OFFICE #: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ GROUP POLICY #: \_\_\_\_\_

ALLERGIES (drugs, food, environmental): \_\_\_\_\_

\_\_\_\_\_

MEDICAL CONDITIONS (ex. diabetes): \_\_\_\_\_

\_\_\_\_\_

MEDICATION TAKEN DAILY OR AS NEEDED (name, dosage & frequency): \_\_\_\_\_

\_\_\_\_\_

DAILY MONITORING REQUIRED (glucose monitoring)

I, \_\_\_\_\_, do hereby authorize school administration to render first aid for illness or injury to my child named above. In the event of a medical emergency, I authorize school administration to have my child transported to the nearest hospital /emergency care center for emergency medical or surgical treatment and to contact my child's physician and one of the persons listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

I do hereby release, hold harmless and indemnify the Mid Coast Construction Academy Trust and ABC Texas Mid Coast Chapter, \_\_\_\_\_ ISD and any other of their officers, agents, employees or representatives ("Released Parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center.

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

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

## EMPLOYMENT HISTORY

BEGIN WITH PRESENT JOB AND WORK BACKWARDS AND INCLUDE ALL INFORMATION REQUESTED. SUMMER OR PART-TIME WORK SHOULD ALSO BE LISTED.

Start Date	End Date	Company Name	City, State	Reason for leaving
1.				
2.				
3.				
4.				
5.				

\*Any misrepresentation or falsification of any information on this application or a failure to submit any required documentation can cause this application to be disqualified and may result in dismissal from the Mid Construction Coast Academy Pre-Apprenticeship program even after the applicant has qualified.

*Pre-Apprentice applicant must remain enrolled in high school to attend the MCA. If enrolled, the student Must Maintain Accurate Contact Information. Failure to Maintain Updated Contact Information may Result in the students Removal from The Pre-Apprenticeship program. Applicants May Also Request Removal by Submitting a Request in Writing to the MCA Office by Fax, Email or US mail.*

*Every student will be provided a current year's Pre-Apprenticeship Handbook from MCA Staff at orientation with an overview of the handbook. You are required to abide by the policies and procedures within the handbook. No verbal communication with any ABC staff member or MCA staff member will override the written policies and procedures within the Pre-Apprenticeship Handbook unless approved by the Apprenticeship Director/Apprenticeship Committee. It is your responsibility to read, understand and follow the Pre-Apprenticeship Handbook to include attendance, makeup time/fees, homework, assignments, etc. This is your responsibility as a student.*

Student Name Printed		Date	
Student Signature			
Parent/Guardian Name		Date	
Parent/Guardian Signature			
Craft		High School	

1. *High school counselors may accept applications and turn them into the MCA. If a high school counselor does accept an application, he/she should time and date stamp it at the top of the page in the place indicated so that we may determine which students applied first.*
2. *Applications may also be directly mailed:  
ABC -- Mid Coast Construction Academy  
1408 N Ben Jordan  
Victoria, TX 77904  
(361)572-0299  
In the case of mailed applications, the postmark date will be used as date submitted.*
3. *Applications may also be scanned and emailed to [admin@mcacademy.org](mailto:admin@mcacademy.org).*

# MID COAST CONSTRUCTION ACADEMY

## PRE-PRE-APPRENTICESHIP WAIVER AND RELEASE OF LIABILITY FORM

TYPE OR PRINT LEGIBLY. CHECK ONE:

\_\_\_\_\_ ELECTRICAL STUDENT

\_\_\_\_\_ PLUMBER STUDENT

Student Name		High School	
Phone		High School Address Line 1	
Grade Level		High School Address Line 2	
High School Fax		City, State, Zip	

### STUDENT WAIVER & RELEASE

I, \_\_\_\_\_ (student), have requested that I be allowed to participant in a pre-Pre-Apprenticeship Training program offered by the Mid Coast Construction Academy (MCA)—affiliate of the Associated Builders & Contractors, Inc. – Texas Mid Coast Chapter (ABC). In consideration of the experience and the benefits I will gain from this course instruction, I:

- **ACKNOWLEDGE** that Pre-Apprenticeship Training can be/is inherently dangerous, and agree that before participating, I will inspect the facilities, equipment, areas, and work to be done and if I believe any of it is unsafe, I will immediately advise the person in charge, and I have knowledge of who this person is.
- **FULLY UNDERSTAND** that participating in this activity is a test of physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, road conditions, facilities, temperature, weather, vehicular traffic, power tools, the actions or inaction of the MCA, MCA Trust, ABC, its agents, officers, employees and others.
- **ASSUME** any and all risks of personal injuries to me including medical bills, permanent or partial disability, death and damage to any property arising from my participation in Pre-Apprenticeship Training activities.
- **PROMISE** not to sue or present a claim for personal injury, property damage or wrongful death against the MCA, MCA Trust, ABC, its officers, employees and agents attributable to my participation in this Pre-Apprenticeship Training activity.
- **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS AND RELINQUISH** the MCA, MCA Trust, ABC, its officers, employees and agents from any liability, loss, damage, claim, demand or cause of action against them arising from my participation in this Pre-Apprenticeship Training activity.
- **EXPRESSLY AND KNOWINGLY WAIVE AND RELEASE AND FOREVER DISCHARGE** the MCA, MCA Trust, and ABC from any and all claims, demands, losses, suits, responsibilities, liabilities, and actions of any kind, whether at law, in equity, through litigation or arbitration, arising out of or in connection with any injury or death to person or damage to or loss of property arising out of or in connection with my participation in any and all MCA, MCA Trust, and ABC sponsored events and/or negligence, negligent misrepresentation, or fraud of the MCA, MCA Trust, and ABC. It is the parties' intention that this paragraph complies with the express negligence rule.
- **HEREBY AGREE TO HOLD HARMLESS AND INDEMNIFY** the MCA, MCA Trust, and ABC from and all claims, demands, or losses, suits, responsibilities, liabilities, and actions of any kind arising out of or relating to actions at the MCA, MCA Trust, or ABC sponsored events, whether intentional or negligent, including, but not limited to, claims asserted on behalf of insurers who have issued payments to or on behalf of other individuals for losses attributed to my actions at the MCA, MCA Trust, or ABC sponsored events, whether intentional or negligent. It is the parties' intention that this paragraph complies with the express negligence rule.

## PARENT WAIVER & RELEASE

I, \_\_\_\_\_ (parent/guardian), have requested that my child be allowed to participant in a pre-Pre-Apprenticeship Training program offered by the Mid Coast Construction Academy (MCA)—affiliate of the Associated Builders & Contractors, Inc. – Texas Mid Coast Chapter(ABC). In consideration of the experience and the benefits I will gain from this course instruction, I, individually, or on behalf of the person named above (if the person named above is a minor):

- **ACKNOWLEDGE** that Pre-Apprenticeship Training can be/is inherently dangerous, and agree that before participating, it is my child's responsibility to inspect the facilities, equipment, areas, and work to be done and if he/she believes any of it is unsafe, it is his/her responsibility to immediately advise the person in charge, and have knowledge of who this person is.
- **FULLY UNDERSTAND** that participating in this activity is a test of my child's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, road conditions, facilities, temperature, weather, vehicular traffic, power tools, the actions or inaction of the MCA, MCA Trust, ABC, its agents, officers, employees and others.
- **ASSUME** any and all risks of personal injuries to my child including medical bills, permanent or partial disability, death and damage to any property arising from his/her participation Pre-Apprenticeship Training activities.
- **PROMISE** not to sue or present a claim for personal injury, property damage or wrongful death against the MCA, MCA Trust, ABC, its officers, employees and agents attributable to my participation in this Pre-Apprenticeship Training activity.
- **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS AND RELINQUISH** the MCA, MCA Trust, ABC, its officers, employees and agents from any liability, loss, damage, claim, demand or cause of action against them arising from my child's participation in Pre-Apprenticeship Training activities.
- **EXPRESSLY AND KNOWINGLY WAIVE AND RELEASE AND FOREVER DISCHARGE** the MCA, MCA Trust, and ABC from any and all claims, demands, losses, suits, responsibilities, liabilities, and actions of any kind, whether at law, in equity, through litigation or arbitration, arising out of or in connection with any injury or death to person or damage to or loss of property arising out of or in connection with my child's participation in any and all MCA, MCA Trust, or ABC sponsored events and/or negligence, negligent misrepresentation, or fraud of the MCA, MCA Trust, and ABC. It is the parties' intention that this paragraph complies with the express negligence rule.
- **HEREBY AGREE TO HOLD HARMLESS AND INDEMNIFY** the MCA, MCA Trust, and ABC from and all claims, demands, or losses, suits, responsibilities, liabilities, and actions of any kind arising out of or relating to my child's actions at the MCA, MCA Trust, and ABC sponsored events, whether intentional or negligent, including, but not limited to, claims asserted on behalf of insurers who have issued payments to or on behalf of other individuals for losses attributed to my child's actions at the MCA, MCA Trust, and ABC sponsored events, whether intentional or negligent. It is the parties' intention that this paragraph complies with the express negligence rule.

**THIS DOCUMENT RELIEVES THE MID COAST CONSTRUCTION ACADEMY AND THE ASSOCIATED BUILDERS & CONTRACTORS, INC. – TEXAS MID COAST CHAPTER FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH AND PROPERTY DAMAGE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I SIGN IT VOLUNTARILY.**

Student Name Printed		Date	
Student Signature			
Parent/Guardian Name		Date	
Parent/Guardian Signature			
Craft		High School	

# MID COAST CONSTRUCTION ACADEMY

## STUDENT DRUG TESTING CONSENT/OPT-OUT FORM

Student Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_ Birthday: \_\_\_\_\_

PLEASE SELECT ONE OPTION BELOW AND SIGN IN THAT SECTION.

### OPTION #1 – TO CONSENT

#### As a student ...

- I have read the Mid Coast Construction Academy's Student Drug Testing Policy, and I understand and agree that participation in the pre-apprenticeship program is voluntary and a privilege.
- I understand that as part of my voluntary participation in the pre-apprenticeship program, I hereby consent to undergo drug testing for the presence of alcohol, illicit drugs and/or banned substances in accordance with Board Policy. I understand and agree that my consent shall be in effect unless and until revoked in writing.
- I understand the collection process will be overseen by a qualified vendor and that confidentiality will be secured. I hereby consent to the vendor selected by the Mid Coast Construction Academy, its laboratory, doctors, employees, and/or agents to perform testing for the detection of alcohol, illicit drugs and/or banned substances, and to confer with any necessary third parties regarding the results in order to confirm the results.

#### As a parent/guardian/custodian ...

- I have read the Mid Coast Construction Academy's Student Drug Testing Policy, and I understand and agree that my child's participation in the pre-apprenticeship program is voluntary and a privilege.
- I understand that as part of my child's voluntary participation in the pre-apprenticeship program, I hereby consent for my child to undergo drug testing for the presence of alcohol, illicit drugs and/or banned substances in accordance with Board Policy. I understand and agree that my consent shall be in effect unless and until revoked in writing.
- I understand the collection process will be overseen by a qualified vendor and that confidentiality will be secured. I hereby consent to the vendor selected by the Mid Coast Construction Academy, its laboratory, doctors, employees, and/or agents to perform testing for the detection of alcohol, illicit drugs and/or banned substances, and to confer with any necessary third parties regarding the results in order to confirm the results.

\_\_\_\_\_  
PRINTED NAME Student

\_\_\_\_\_  
SIGNATURE Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED NAME Parent/Guardian/Custodian

\_\_\_\_\_  
SIGNATURE Parent/Guardian/Custodian

\_\_\_\_\_  
Date

### OPTION #2 – TO OPT OUT

#### As a student ...

- I understand and agree that by opting out or declining to consent to participate in the Student Drug Testing Program, I will be unable to partake in the pre-apprenticeship program.

#### As a parent/guardian/custodian ...

- I understand and agree that by declining to consent for my child to participate in the Student Drug Testing Program, my child will be unable to partake in the pre-apprenticeship program.

\_\_\_\_\_  
PRINTED NAME Student

\_\_\_\_\_  
SIGNATURE Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED NAME Parent/Guardian/Custodian

\_\_\_\_\_  
SIGNATURE Parent/Guardian/Custodian

\_\_\_\_\_  
Date



# MID COAST CONSTRUCTION ACADEMY

## INITIAL DRUG TEST ACKNOWLEDGEMENT FORM

I understand that I am responsible for providing the initial drug test results for acceptance into the pre-apprenticeship program. I can either take the test through my school district or at a medical provider of my choice as long as proper documentation that I passed is submitted with my application to the MCA.

Student Name Printed		Date	
Student Signature			
Parent/Guardian Name		Date	
Parent/Guardian Signature			
Craft		High School	

### Local places that will provide an occupational drug test:

TEXAS HEALTH CENTER  
4804 N NAVARRO  
VICTORIA, TX 77904  
(361)576-0330

TWIN FOUNTAINS  
3002 SAM HOUSTON DRIVE  
VICTORIA, TX 77904  
(361)578-5730

Or any other occupational drug testing facility

# Registration and Release Form



**Instructions:** Type or print legibly. Any inaccuracies on this form may be reflected on credentials. To be entered in NCCER's Registry, you must complete and sign this form. Records containing trainee/participant personal information, including but not limited to score reports, training prescriptions, and transcripts, cannot be distributed until this form has been completed.

\* Required fields.

ATS/AAC Name\*: Mid Coast Construction Academy--an affiliate of ABC-- Texas Mid Coast Chapter

Name\*: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Home Number OR Cell Number

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

Birth Date\*: \_\_\_\_\_ Birth City: \_\_\_\_\_

\*To enter you into the NCCER National Registry, ONE of the following numbers needs to be provided. Once you are entered into the system, you will be given an NCCER Card Number to use in the future. (System Generated Numbers are no longer an option.) Pipeline users MUST use their Social Security Number.

Social Security Number: \_\_\_\_\_

NCCER Card Number: \_\_\_\_\_

State DOE Student Number: \_\_\_\_\_ Which State? \_\_\_\_\_

If you choose to use the State DOE Student number, this must first be added into the NCCER Registry System as an approved "Alternate I.D. Type." Please work with your sponsor representative to ensure your state I.D. Type has been added into the system.

Optional Information:

Company/School Name: \_\_\_\_\_

Company/School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize NCCER to verify information in my training and/or assessment records, which may include any of the personal information provided on this form. I release and hold harmless NCCER for the disclosure of any such information in connection with this verification process.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if individual is under 18 years of age.)

**NOTE:** This form must be maintained on file per NCCER Accreditation Guidelines.

# MID COAST CONSTRUCTION ACADEMY

## PERMISSION FOR PHOTOGRAPHY

(AGREEMENT/DISAGREEMENT DOES NOT AFFECT ENTRY INTO THE MCA PROGRAM.)

### STUDENT PRE-APPRENTICESHIP PROGRAM

I grant to Mid Coast Construction Academy and Associated Builders and Contractors, LLC—Texas Mid Coast Chapter the absolute and irrevocable right and unrestricted permission concerning any photographs that any staff member, contract employee, vendor representative or other person(s) acting on behalf of either of these organizations has taken or may take of my child's child or in which I may be included with others, to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration; and to use of my child's name in connection with any use if the Mid Coast Construction Academy or the Associated Builders and Contractors, LLC—Texas Mid Coast Chapter so chooses. I release and discharge photographer from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also insure to the benefit of the heirs, legal representatives, licensees, and assigns of photographer, as well as the person(s) for whom these organizations took the photograph.

### PARENT/GUARDIAN MUST SIGN:

☐ Agree ☐ Disagree

Signature	
Print Name	
Date of Birth	
Address Line 1	
Address Line 2	
Today's Date	
Student Name	



# SELECTIVE SERVICE SYSTEM



OFFICIAL SITE OF THE UNITED STATES GOVERNMENT

## Selective Service - Who Must Register

**NOTE:** With only a few exceptions, the registration requirement applies to all male U.S. citizens and male immigrants residing in the United States who are 18 through 26 years of age.

Category	YES	NO
All male U.S. citizens born after Dec. 31, 1950, who are 18 but not yet 26 years old, except as noted below:	X	
<b>Military Related</b>		
Members of the Armed Forces on active duty (active duty for training does not constitute "active duty" for registration purposes)		X*
Cadets and Midshipmen at Service Academies or Coast Guard Academy		X*
Cadets at the Merchant Marine Academy	X	
Students in Officer Procurement Programs at the Citadel, North Georgia College and State University, Norwich University, Virginia Military Institute, Texas A&M University, Virginia Polytechnic Institute and State University		X*
ROTC Students	X	
National Guardsmen and Reservists not on active duty / Civil Air Patrol members	X	
Delayed Entry Program enlistees	X	
Separatees from Active Military Service, separated for any reason before age 26	X*	
Men rejected for enlistment for any reason before age 26	X	
<b>Immigrants**</b>		
Lawful non-immigrants on current non-immigrant visas. A complete list of acceptable documentation for exemption may be found at <a href="https://www.sss.gov/Portals/0/PDFs/DocumentationList.pdf">https://www.sss.gov/Portals/0/PDFs/DocumentationList.pdf</a>		X
Permanent resident immigrants (USCIS Form I-551)	X	
Seasonal agricultural workers (H-2A Visa)		X
Refugee, parolee, and asylee immigrants	X	
Undocumented immigrants	X	
Dual national U.S. citizens	X	
<b>Confined</b>		
Incarcerated, or hospitalized, or institutionalized for medical reasons		X*
<b>Handicapped physically or mentally</b>		
Able to function in public with or without assistance	X	
Continually confined to a residence, hospital, or institution		X
<b>Transgender People</b>		
U.S. citizens or immigrants who are born male and have changed their gender to female	X	
Individuals who are born female and have changed their gender to male		X

\*Must register within 30 days of release unless already age 26.

**NOTE:** To be fully exempt you must have been on active duty or confined continuously from age 18 to 26.

\*\*Residents of Puerto Rico, Guam, Virgin Islands, and Northern Mariana Islands are U.S. citizens. Citizens of American Samoa are nationals and must register when they are habitual residents in the United States or reside in the U.S. for at least one year. Habitual residence is presumed and registration is required whenever a national or a citizen of the Republic of the Marshall Islands, the Federated States of Micronesia, or Palau, resides in the U.S. for more than one year in any status, except when the individual resides in the U.S. as an employee of the government of his homeland, or as a student who entered the U.S. for the purpose of full-time studies, as long as such person maintains that status.

**NOTE:** Immigrants who did not enter the United States or maintained their lawful non-immigrant status by continually remaining on a valid visa until after they were 26 years old, were never required to register. Also, immigrants born before 1960, who did not enter the United States or maintained their lawful non-immigrant status by continually remaining on a valid visa until after March 26, 1975, were never required to register.

## HOW TO REGISTER

The easiest and fastest way for a man, from age 18 through age 25, to register is to register online.

**NOTE:** Anyone, U.S. citizen or immigrant, who attempts to register from our website with a social security number that is

not first in our system will find they are not able to complete their registration online. These men can still register by filling out a registration form and mailing it to the Selective Service System. The registration form asks for the young man's full name, address, date of birth, gender, and social security number (if he has one). On the form that is mailed to Selective Service, the man's signature is also required.



## WAYS TO REGISTER:

- Fill out the online form at <https://www.sss.gov/Registration/Register-Now/Registration-Form>
- You must have a valid social security number
- At the post office

- Selective Service mail-back registration forms are available at any U.S. Post Office. A man can fill it out (leaving the space for his social security number blank, if he has not yet obtained one \*), sign and date, affix postage, and mail to Selective Service without the involvement of the postal clerk. Men living overseas may register at any U.S. Embassy or consular office.
- *Remember* to provide your social security number to the Selective Service as soon as you obtain one.
- Reminder mail-back card
  - A young man may also register by filling out a reminder mail-back card received in the mail. Selective Service sends this card to many men around the time they turn 18 years old. A man can fill out the card at home and mail it directly to Selective Service.
- Check box on FAFSA
  - Another way a young man can register is to check a box on the application form for federal student financial aid (FAFSA). A man can check "Register Me" on Box #22 of that form, and the Department of Education will furnish Selective Service with the information to register the man.
- High School Registrar
  - More than half the high schools in the nation have a staff member or teacher appointed as a [SELECTIVE SERVICE REGISTRAR](#). These individuals help register male high school students.

# MID COAST CONSTRUCTION ACADEMY

## CODE OF CONDUCT

### THE INTENT OF THE CODE

The intent of the Code of Conduct is to create professional unity and pride in the work of the Mid Coast Construction Academy and its students by having some common agreed standards of professionalism. It is a statement of the high standards of behavior, which apply to all staff and students of the Mid Coast Construction Academy, which are rightly demanded of companies by the wider community.

The Code reflects the vision of MCA and its students:

**TO PROMOTE AND EDUCATE STUDENTS AND UNEMPLOYED INDIVIDUALS ABOUT THE CONSTRUCTION INDUSTRY AND DEVELOP SKILLED LABOR THROUGH PRE-APPRENTICESHIPS AND APPRENTICESHIPS.**

It acts as an effective demonstration of the values of the Mid Coast Construction Academy and its students which are embodied in the Principals of the Code.

All standards contained in this Code are in addition to the general obligations imposed on students including implied duties such as the duty to act with honesty, integrity and in good faith.

### PRINCIPLES

#### 1. Respecting others

When working with others, students are expected to treat students and staff with respect for their rights and obligations.

#### 2. Behaving professionally

Students are expected to carry out their duties in a professional and conscientious manner at all times. **CELL PHONE USAGE IS STRICTLY PROHIBITED.** Professionalism also includes attendance and punctuality.

While enrolled in this program, pre-apprenticeship students agree to take part in 360 contact hours of learning per year in the craft of their choice and maintain an enrollment in a local high school. Classes are held from 8:00-10:00 am, Monday – Friday during a normal school year. All students must:

- Attend work and training as agreed as long as fit to do so
- Advise the instructor and/or employer of sickness or absence

#### 3. Workplace Health and Safety (WHS)

Health and safety, social responsibility and environmental sustainability are crucial to business. Our students will support WHS by ensuring:

- safe operations are followed not only on equipment, but also on every person working within the industry taking responsibility for preventing workplace-related injuries and illnesses and using the tools and procedures in place.
- they are wearing the appropriate shoes and clothing for the construction work as not to create a hazard.
- they wear the appropriate Personal Protection Equipment (PPE) and other equipment as instructed.

#### ALCOHOL AND DRUG USE

In line with our commitment to providing a safe and healthy work environment, while at work or when conducting Company business, students must be able to function at an acceptable level of performance and not be impaired by illegal or legal drugs, including alcohol. **DRUG TESTING WILL BE ADMINISTERED THROUGHOUT THE PROGRAM.**

#### HARASSMENT

MCA does not tolerate any form of harassment. See handbook for complaint procedures.

### RELATED DOCUMENTS

- MCA Mission Statement
- MCA Student Handbook—**PRESENTED IN DETAIL AT STUDENT ORIENTATION. PLEASE REFER TO THIS FOR MORE DETAILED EXPLANATIONS OF EACH PRINCIPLE.**
- Frequently Asked Questions
- Various MCA Policies

#### ACKNOWLEDGEMENT AND AGREEMENT

Student Name Printed		Date	
Student Signature			
Parent/Guardian Name		Date	
Parent/Guardian Signature			
Craft		High School	



## HOW TO PROVE ELIGIBILITY TO BE HIRED

THE APPLICANT MUST PROVIDE:

EITHER one document from List A OR one document from List B AND one document from List C.



List A	List B	List C
<b>If you have one of these documents, you have established BOTH identity AND employment eligibility.</b>	If you do not have a document from List A, you need documents from BOTH List B AND List C.	
	List B establishes identity.	List C establishes employment eligibility.
<b>OFFICE STAFF SHOULD PLACE A CHECK BY DOCUMENTATION PROVIDED AND MAKE A COPY FOR THE FILE.</b>		
<ul style="list-style-type: none"> <li>— US Passport or Passport Card</li> <li>— Certificate of US Citizenship (INS Form N-560 or N-561)</li> <li>— Certificate of Naturalization (INS Form N-560 or N-561)</li> <li>— Unexpired foreign passport, with I-551 stamp OR attached INS Form I-94 indicating unexpired employment authorization</li> <li>— Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)</li> <li>— Unexpired Temporary Residence Card (INS Form I-688)</li> <li>— Unexpired Employment Authorization Card (INS Form I-688A)</li> <li>— Unexpired Reentry Permit (INS Form I-327)</li> <li>— Unexpired Refugee Travel Document (INS Form I-571)</li> <li>— Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)</li> </ul>	<ul style="list-style-type: none"> <li>— Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>— ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>— School ID card with photograph</li> <li>— Voter's registration card</li> <li>— US Military card or draft record</li> <li>— Military dependent's ID card</li> <li>— US Coast Guard Merchant Mariner Card</li> <li>— Native American tribal document</li> <li>— Driver's license issued by a Canadian government authority</li> </ul> <p><b>For people under age 18 who are unable to present a document listed above:</b></p> <ul style="list-style-type: none"> <li>— School record or report card</li> <li>— Clinic, doctor, or hospital record</li> <li>— Day-care or nursery school record</li> </ul>	<ul style="list-style-type: none"> <li>— US Social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)</li> <li>— Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)</li> <li>— Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>— Native American tribal document</li> <li>— US Citizen ID Card (INS Form I-197)</li> <li>— ID Card for use of Resident Citizen in the United States (INS Form I-179)</li> <li>— Unexpired employment authorization document issued by the INS (other than those listed under List A)</li> </ul>

## PARENT PERMISSION AND WAIVER FORM FOR FIELD TRIP

I/We, the parents/guardians of the student named below, understand the nature of potential field trips being planned to jobs sites, member companies, sponsor employers, etc.

We understand that transportation will follow the school districts' policies according to the Memorandum Of Understanding with the MCA and we are in accord with the purposes of and procedures governing the trip(s).

We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given.

In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

## WAIVER

We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless the Mid Coast Construction Academy, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense, (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services, or any cause beyond the control of MCA, including, but not limited to, natural disasters, civil disturbances, acts of terrorism, and wars. In the event that a student must return to the MCA independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

Student Name (Please Print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check below IF your child has sensitivity to:

☐ Bee Sting ☐ Nuts ☐ Dairy ☐ Latex ☐ Other \_\_\_\_\_

Please check below IF your child has:

☐ Asthma ☐ Diabetes ☐ Kidney Injuries ☐ Seizure Disorder ☐ Heart Condition ☐ Other Medical Condition

Required medications: \_\_\_\_\_

Other Medications: \_\_\_\_\_

If the student requires medication, I understand that I am obligated to ensure that the medication to be provided and the Medication Authorization Form are on file with the school. (If ordered by the student's physician, an EpiPen must be provided for all field trips.)



# STUDENT EMERGENCY INFORMATION FORM 2018-2019

## STUDENT

NAME: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (Age) \_\_\_\_\_ (Sex) \_\_\_\_\_ (Grade)

Social Security Number: \_\_\_\_\_ Weight \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City/State) \_\_\_\_\_ Zip \_\_\_\_\_ Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip)

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

## LIST PERSONS TO BE CONTACTED IN CASE OF EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED

CONTACT NAME	TELEPHONE #'S			Relationship	Employer
_____	(Home)	(Work)	(Cell)	_____	_____
_____	(Home)	(Work)	(Cell)	_____	_____

## MEDICAL INFORMATION

DOCTOR'S NAME: \_\_\_\_\_ OFFICE #: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_

DENTIST'S NAME: \_\_\_\_\_ OFFICE #: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ GROUP POLICY #: \_\_\_\_\_

ALLERGIES (drugs, food, environmental): \_\_\_\_\_

MEDICAL CONDITIONS (ex. diabetes): \_\_\_\_\_

MEDICATION TAKEN DAILY OR AS NEEDED (name, dosage & frequency): \_\_\_\_\_

DAILY MONITORING REQUIRED (glucose monitoring) \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize school administration to render first aid for illness or injury to my child named above. In the event of a medical emergency, I authorize school administration to have my child transported to the nearest hospital /emergency care center for emergency medical or surgical treatment and to contact my child's physician and one of the persons listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

I do hereby release, hold harmless and indemnify the Mid Coast Construction Academy Trust and ABC Texas Mid Coast Chapter, \_\_\_\_\_ ISD and any other of their officers, agents, employees or representatives ("Released Parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center.

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

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

