



RIO SALADO COLLEGE / MARICOPA SKILL CENTER / SOUTH MOUNTAIN COMMUNITY COLLEGE / ESTRELLA MOUNTAIN COMMUNITY COLLEGE / PARADISE VALLEY COMMUNITY COLLEGE

Participant Form

PARTICIPANT INFORMATION

 First Name Last Name Middle Initial

 Mailing Address

 City State Zip Code

 Home Phone Cell Phone Yes No
I Agree To Accept Text Messages Email Address

 Social Security # Student ID # Date of Birth Age

EMERGENCY CONTACT

 First Name Last Name Middle Initial

 Home Phone Cell Phone Email Address

CHARACTERISTICS

Gender: Male Female **Ethnicity:** Hispanic/Latino Non-Hispanic/Latino

Race: (Select all that apply) 1. White 4. Asian
 2. Black or African American 5. Native Hawaiian or Other Pacific Islander
 3. American Indian or Alaskan Native

Do you have limited English speaking, writing, or reading abilities? Yes No

EDUCATION BACKGROUND *(Select Highest Level Completed)*

Currently in High School Some High School High School Diploma/GED Some College
 Associates Degree Bachelor's Degree Master's Degree
 Post Secondary Vocational/Skills Credential

List Special Courses Taken or Certifications: (Military, Vocational, or Technical)

MILITARY HISTORY

Are you a Veteran? Yes No **Are you a spouse of Veteran?** Yes No

EMPLOYMENT STUDY (Select the one that best describes your current status)

- Employed
- Underemployed
- Employed but received Notice of Termination/Layoff
- Dislocated (Receiving Unemployment Benefits)
- Not Employed

Unemployment Compensation Status: (Select the one that best describes your current unemployment compensation insurance (UI) status)

- I am eligible and claiming UI
- The job that I have received a Notice of Termination is a UI Covered job
- I have exhausted my UI
- I am not eligible for UI
- None of the Above

Current Wage/Salary or Unemployment Wage:

Hourly Wage \$ _____ Hours Worked per week _____ OR Annual Gross Salary or Wage \$ _____

Are you Eligible for Trade Adjustment Assistance? Yes No

Have you applied for Financial Aid? Yes No

TRAINING GOALS

- Enrollment Plan:** Full Time Part Time
- Program:** Networking Mobile Applications (Programming)* Cybersecurity* Entrepreneurship* *Projected Availability Fall 2013
- What is your education goal?** Certificate Degree Undecided

What Interests you about this program of study?

What type of job do you hope to obtain after completing your training?

National Information, Security, and Geospatial Technologies Consortium / Trade Adjustment Assistance Community College Career Training (TAACCCT) This program is part of a research study. Students who choose to participate in the study will spend twenty to thirty minutes completing the intake form and will have access to enhanced student services, such as success coaches and specialized tutoring. The purpose of this study is to evaluate the effectiveness of these services on student success and completion. The information provided on this form is being collected for research purposes only, and all personal data will be removed from the report before it is submitted. Participant files will be secured following Department of Labor requirements and online records will be secured to meet Maricopa County Community College District standards. There are no known risks expected or associated through involvement in these enhanced activities. There is no financial compensation or cost for participation in this study. The Principal Investigator is Mary Briden, and she can be reached at 480-517-8111. If you have any questions regarding your rights as a research subject, or if problems arise which you do not feel you can discuss with the Investigator, please contact the Maricopa County Community College Institutional Review Board Office at 480-731-8701.

By signing this consent form, I confirm that I have read and understood the information and have had the opportunity to ask questions. I further attest that the above information is accurate to the best of my knowledge. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, without cost, and without any effect on class grades. I understand that I will be given a copy of this consent form.

Applicant Signature _____

Date _____

FOR INTERNAL USE ONLY

Form Reviewed By _____

Date _____

- Eligible Participant
- Not Eligible

- Trade Adjustment Assistance or Dislocated
- Veteran
- Spouse of Veteran

Explanation

Copy To Student

Date

Initials

Accepted on _____ (date) as a Pre-Participant Participant

Data Entered By _____

Date _____

*This workforce solution was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The solution was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership.