

ASSUMPTION OF THE RISK FORM

I, _____ agree that as a participant in the _____
Last Name, First Name (Please Print) *(Club/Class)*

at Mountain Empire Community College scheduled for _____ to _____,
(Start Date) *(End Date)*

I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to personal injury and loss of personal property

(very specifically list here the potential risks involved that the student is assuming. If needed, attach a separate sheet of paper)

I understand that in the event of accident or injury, personal judgment may be required by Mountain Empire Community College regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that Mountain Empire Community College may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition.

I further agree to abide by any and all specific requests by Mountain Empire Community College for my safety or the safety of others, as well as any and all of Mountain Empire Community College’s rules and policies applicable to all activities related to this program. I understand that the College reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property which may occur as a result of my participation or arising out of my participation in this program, unless any such personal injury, damage to or loss of my property is directly due to the negligence of Mountain Empire Community College. I understand that this Assumption of Risk form will remain in effect during any of my subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with the Dean of Student Services, at which time my visits to or participation in the program will cease.

In case an emergency situation arises, please contact

_____ at _____
(Name) *(Phone number)*

I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.

I represent that I am 18 years of age or older and legally capable of entering into this agreement.

Participant’s Signature *Date*

Address



Mountain Empire Community College

VCEDA/Non-Credit Financial Aid Application

General Information		Student ID:		Date:	
Applicant Name:	First:	MI:	Last:		
Former Name:	First	MI:	Last:		
Street Address/PO Box:					Apt #
Town/City:			State:	Zip:	
SSN:		Date of Birth:			Sex: M F
Phone:		Alt Phone:		Email:	

Please attach copies of the following eligibility documents required for qualification for **Continuing Education Financial Aid**:

1. Citizenship Status - for non-U.S. citizens, please provide visa or other proof of status for review

<input type="checkbox"/>	U.S. Citizen	<input type="checkbox"/>	Temporary Visa: Please specify
<input type="checkbox"/>	Permanent Resident	<input type="checkbox"/>	Other: Please specify
<input type="checkbox"/>	Political Asylum/Refugee		

2. Proof of Virginia Residency-Must provide one of the items below to show Virginia residency for one year

<input type="checkbox"/>	Utility Bill	<input type="checkbox"/>	Housing Contract	<input type="checkbox"/>	Voter Card
<input type="checkbox"/>	Rent Receipt	<input type="checkbox"/>	Preprinted Bank Statement	<input type="checkbox"/>	Driver's License

3. Age Verification - Must be at least 18 years of age or older OR completed high school graduation requirements.

<input type="checkbox"/>	Driver's License	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	State-Issued ID
<input type="checkbox"/>	Passport	<input type="checkbox"/>	High School Transcript	<input type="checkbox"/>	High School Diploma

4. Compliance with Military Selective Service Act (male students only)

I am in compliance with the Selective Service Act requirements.			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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5. Highest Level of Education (select all that apply)

<input type="checkbox"/>	No High School Diploma/GED	<input type="checkbox"/>	GED	<input type="checkbox"/>	High School Graduate	<input type="checkbox"/>	Some college no degree
<input type="checkbox"/>	Associate's Degree	<input type="checkbox"/>	Bachelor's Degree	<input type="checkbox"/>	Master's Degree	<input type="checkbox"/>	Doctoral Degree

6. Are you currently enrolled in an Associate or Bachelor's degree program?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, provide documentation that the training relates to the degree program and is necessary to meet a job requirement or advance employment success.			

7. Have you ever received an industry credential?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please specify:			

8. Are you eligible for other tuition assistance benefits?

a. Are you a veteran who is eligible for GI Bill funding?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. Are you currently employed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

c. If you are employed, have you been laid off in the last 20 months and is your current job an interim or temporary position?	Yes	No
d. Are you or will you be receiving any other tuition assistance for this program from other sources?	Yes	No

If **Yes**, specify below which program:

Workforce Innovation & Opportunity Act (WIOA)	Virginia Initiative for Employment Not Welfare
(VIEW) Department of Aging & Rehab Services	Federal or State Financial Aid
Other	

9. Are you eligible for SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families)?	Yes	No
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If **Yes**, please provide one of the following:

- Current SNAP Card Current TANF Card Documentation stating eligibility for either SNAP or TANF

10. Household Income		
a. Is anyone claiming you as a dependent on their tax return?	Yes	No
b. Annual Household Income (If hourly – Rate of Pay per hour X Hours Worked per year)		
c. Number of persons in family/household		
d. Applicant submitted Tax Transcript verifying household income.	Yes	No

Additional Information for Clarification:

Application Checklist - check below to indicate that you have provided each of the following items:

- Completed each item on this form
- If necessary, provided documentation of eligible noncitizen status
- Attached documentation confirming Virginia residency
- Attached documentation of age or high school completion
- If applicable, attached documentation of SNAP or TANF
- Attached a copy of Most Recent Tax Return/W2'S and most recent pay stubs/or Most Recent Tax Transcripts

By signing this form, I agree to provide a copy of the credential awarded upon the completion of all required coursework and/or certification test. I certify that the information in this application is true and complete to the best of my knowledge and, if I later determine any information in this application to be represented incorrectly, I will contact the Continuing Education Office.

Student Signature

Date

Program Coordinator

Date

WFD Supervisor

Date

FastForward Grants Now Available for these Non-Credit Industry Certification Programs:

Industrial Technologies:

- Commercial Driver's License A Endorsement
- Commercial Driver's License B Endorsement

National Center for Construction Education and Research (NCCER):

- Core-Introductory Craft Skills
- Electrical - Level 1
- Electrical - Level 2
- HVAC Level 1
- Power Line Worker 1
- Welding Level 1

Health Sciences:

- Advanced Cardiac Life Support
- Advanced Emergency Medical Technician
- Certified Nurse Aide
- Emergency Medical Technician
- Paramedic
- Pediatric Advanced Life Support
- Pharmacy Technician