

FOR OFFICE USE

SEMESTER: _____
YEAR: _____
CLASS: _____
DAY: _____
TIME: _____
INSTRUCTOR: _____

CRAFT TRAINING CENTER OF THE COASTAL BEND



7433 LEOPARD STREET
CORPUS CHRISTI, TX 78409
(361) 289-1636 ♦ Fax: (361) 289-0499

FOR OFFICE USE

Self-Pay _____
High School _____
Employer _____
Scholarship _____
Grant _____
SERCO/WIA _____
DARS _____
Other- Explain _____

APPLICATION FOR ENROLLMENT

PERSONAL INFORMATION

Please Print Clearly

Name: _____

Mailing Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Main Contact #: (_____) _____ - _____ Cell/Text Msg. #: (_____) _____ - _____

Email Address: _____

Are you eligible to work in the United States as required by completion of an I-9 Employment Eligibility form? Yes No

Social Security #: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Statistical Information: Male Female Caucasian African-American Hispanic Other

Education: College _____ High School Graduate _____ GED Graduate _____ Non-Graduate _____

COURSE INFORMATION

Please indicate the **craft** and the **level** you would like to register for. If you have more than one choice, number in order of preference.

- Welding
- Pipefitting
- Industrial Painting
- Field Safety
- Electrical
- Other _____
- Instrumentation
- Crane Operations
- Scaffold-Building
- Safety Technology
- Tools Training

For which **Semester/Year** are you registering?

Spring Summer Fall - Year _____

For which **level** are you enrolling?

1 2 3 4 5 6 7 8

RELEASE AGREEMENT

I hereby authorize Craft Training Center of the Coastal Bend (CTCCB) to verify and/or release my/my minor child's training records to my/my minor child's employer and/or other third party upon request, (as defined in the CTCCB program guidelines) and agree to hold the CTCCB harmless for said release or verification of my training records. I certify that I have read, understand, and agree to the above release agreement terms.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

INITIAL ENROLLMENT CONSENT AND RELEASE

I UNDERSTAND AND AGREE THAT AS LONG AS I/MY MINOR CHILD IS A STUDENT AT CRAFT TRAINING CENTER OF THE COASTAL BEND (CTCCB) I/MY MINOR CHILD WILL BE REQUIRED TO TAKE AND PASS DRUG TESTS AND ALCHOL TESTS, SCHEDULED AND RANDOM, AT THE SOLE DISCRETION OF THE CTCCB. I UNDERSTAND THAT IF I/MY MINOR CHILD REFUSES OR FAILS A DRUG OR ALCOHOL TEST AT ANY TIME I/MY MINOR CHILD WILL BE ASKED TO LEAVE THE PREMISES IMMEDIATELY AND WILL NOT BE ELIGIBLE TO APPLY FOR ENROLLMENT AT CTCCB FOR A PERIOD OF 1 YEAR FROM THE DATE OF NOTIFICATION OF THE FAILED OR REFUSED DRUG OR ALCOHOL TEST.

I HEREBY CONSENT TO THE ADMINISTRATION OF DRUG AND ALCOHOL TESTING UNDER THE TERMS AND CONDITIONS OF THE CTCCB POLICY ON CONTROLLED SUBSTANCE AND ALCOHOL ABUSE

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

CTCCB Signature: _____ Date: _____

DISPUTE RESOLUTION AGREEMENT

CRAFT TRAINING CENTER OF THE COASTAL BEND, hereafter referred to as "CTCCB" and the person whose signature is affixed hereto, hereafter referred to as "STUDENT" (which includes the parent/guardian if the student is under the age of 18), mutually agree that there are many advantages to using alternative dispute resolution to settle any and all legal disputes, disagreements and claims, including, but not limited to, those arising from Student's training or skills assessment process. The parties mutually agree that this document shall govern the resolution of all claims and/or disputes between STUDENT and CTCCB.

CTCCB and STUDENT, by the authorized signatures below, mutually contract and agree that, each, every, any and all claims, disputes and/or controversies, now existing, or hereafter arising, including the arbitrability of any claim, dispute or controversy shall be exclusively resolved by the parties first trying to settle by mediation, and failing which, by final and binding arbitration. Unless specifically and mutually agreed otherwise, the mediation and/or arbitration shall be administered by the rules of the American Arbitration Association, and shall be pursuant to the provisions of, and jurisprudence interpreting, the Federal Arbitration Act and/or the Texas Alternative Dispute Resolutions Act, whichever shall have the broadest effect. The Arbitrator(s) shall be the sole and exclusive determiner of jurisdiction. Judgment upon any award may be entered in any federal or state court having jurisdiction thereof. The parties shall agree upon one mediator and/or arbitrator. The mediation and/or arbitration shall take place in Nueces County, Texas. Each party shall pay for its share of the cost of mediation and/or arbitration. In no event shall fees and/or expenses be placed on STUDENT if the arbitrator finds that STUDENT would experience extreme hardship or a limitation of legal rights under this Agreement.

This dispute resolution agreement shall be used for all claims, controversies or disputes whether arising under or based on the Constitution, Statutes, Code(s), Ordinances, Regulations, Orders, and/or Common Law of the United States, or of any State, and all subdivisions of either; and/or are based on claims or theories of contract, quasi-contract, personal injury, tort, offenses, quasi-offenses or otherwise including, but not limited to, all claims, disputes, or controversies relating to Student's training or skills assessment process. **While both CTCCB and STUDENT retain all subsequent legal rights and remedies under this Agreement, CTCCB and STUDENT are both waiving all rights which either may have with regard to trial, whether jury or nonjury, in State or Federal Court, for any covered claim.**

The term CTCCB, as used in this agreement, means CRAFT TRAINING CENTER OF THE COASTAL BEND, its parents, subsidiaries, and all related entities, including all officers, directors, employees, agents, subcontractors, vendors, insurers, benefit plans, benefit plan sponsors, fiduciaries, administrators, or affiliates of any of the above, and their respective successors and assigns. The term "STUDENT" as used in this agreement, means the individual whose signature is affixed hereto, and his or her heirs, spouse, representatives, successors, and assigns.

CTCCB and STUDENT acknowledge that they have had sufficient time to review and consider signing this agreement and that it is clearly understood that this is a MUTUALLY BINDING CONTRACT and that any questions or concerns about it should be referred to an attorney prior to signing it. The parties to this agreement recognize and agree that CTCCB is engaged in business affecting and using the instruments of interstate commerce.

Each clause, provision, sentence and paragraph of this agreement is severable and should any be determined to be invalid or unenforceable, then those that are valid, or are capable of being enforced shall be, and shall remain in full force and effect. The parties expressly agree that the terms of this dispute resolution agreement shall survive any and all terminations of the student relationship, and shall be binding on the heirs, spouse(s), representatives, successors and assigns of the parties hereto. This agreement incorporates the entire agreement of the parties and amends, replaces, and supersedes any other agreements, written or oral, if any exist, and may not be changed or varied except in writing and signed by all parties.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND UNCONDITIONALLY ACCEPT THE TERMS SET FORTH HEREIN.

Printed Name: _____	DATE: _____
Signature: _____	SSN: _____
Parent/Guardian Signature: _____	DATE: _____
CTCCB rep: _____	DATE: _____

REGISTRATION AND RELEASE FORM

NATIONAL CENTER
FOR CONSTRUCTION
EDUCATION AND RESEARCH



Important: Type or print legibly. Any inaccuracies on this form may be reflected on trainee, participant or instructor transcripts, training, and assessment records. All fields are required.

ATS/AAC Name: ABC Merit Shop Training Program d.b.a. Craft Training Center of the Coastal Bend

I am a(n) (check one): **Trainee** Participant Instructor Performance Evaluator

Name: _____

Social Security #/NCCER Card #: _____ (numbers other than SS# must be obtained from the Registry Department.)

Job Title (if applicable)*: _____

Address*: _____

City*: _____ State: _____ Zip: _____

Phone*: _____ Fax: _____ Email: _____

*(Required fields for individuals over 18 years of age, optional fields for individuals under 18 years of age)

Company/School Name: _____

Company/School Address: _____

City: _____ State: _____ Zip: _____

Phone*: _____ Fax*: _____ Email*: _____

*(Optional)

I hereby authorize the NCCER Registry Department to verify information in my training records to Sponsor Representative/Primary Administrator upon request. I release and hold harmless NCCER for this verification process.

Signature: _____ **Date:** _____

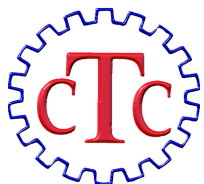
Parent/Guardian Signature*: _____ **Date:** _____

*(Required if individual is under 18 years of age.)

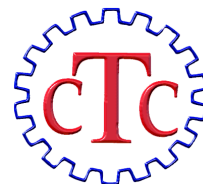
NOTE: To be entered in NCCER's Automated National Registry, you must complete and sign this Registration and Release Form. This form must either be forwarded by your ATS/AAC to NCCER's Registry Department, or the ATS/AAC may choose to maintain the Registration and Release Forms locally and provide the Registry Department with a blanket release form letter. This letter must include the signature of the Sponsor Representative/Primary Administrator or other authorized officer of the ATS/AAC.

Reports containing trainee/participant information, including score sheets, training prescriptions, and transcripts, should **NOT** be distributed without properly documented release information from the trainee/participant.

Mail/fax to: NCCER – Registry Department
13614 Progress Boulevard • Alachua, FL 32615
P 888.622.3720 ext. 6914/6916/6917/6918 • F 386.518.6255



Craft Training Center of the Coastal Bend



Drug and Alcohol Testing Consent and Release Initial Enrollment and Random Testing

All applicants must read and sign to be considered for admission

(Applicants under Age 18 must also have Parent or Guardian Signature for drug and alcohol testing)

I understand and agree that if this release is intended for a student under the age of 18, the references "I" and "me" will have the following meaning: "The parent/guardian agrees the terms or conditions on the minor's behalf".

I understand in order to be considered for admission into the CTCCB training program I must consent to the administration of mandatory drug and/or alcohol tests to determine the presence or absence of drugs, synthetic drugs and/or alcohol in my system.

I understand I will also be subject to random testing as long as I am part of the CTCCB program. This is in accordance with the terms and conditions set forth in the CTCCB Controlled Substance and Alcohol Abuse Policy. I understand samples for testing will be processed by an accredited laboratory designated by the CTCCB in accordance with state and federal laws. I understand that though test result specifics will be kept confidential, I will be notified if the test results come back positive for drugs, synthetic drugs or alcohol. I understand that all specimens collected from me shall be from my own body and will not be altered or adulterated in any manner.

I further understand that if my test results are confirmed as positive and I do not have a current prescription for the substance or the alcohol content is above the level accepted by the CTCCB, I will be immediately removed from the CTCCB training program. I also understand that if any sample I provide proves to have been tampered with or adulterated in any way or if I refuse to submit a sample for testing, I will be immediately removed from the CTCCB program without further consideration for training.

If an applicant is a minor, the parent or guardian will be notified of the ineligibility of said minor upon his/her being removed from the program as a result for testing positive for illegal drugs, synthetic drugs, or alcohol according to CTCCB policies. Test results will not be used to pursue any sort of criminal investigation.

I have read, understand and agree to the CTCCB Drug and Alcohol Testing policies and hereby consent to the administration of said drug and alcohol testing under the terms and conditions of CTCCB policies on Controlled Substance and Alcohol Abuse.

Applicant Name *(Please Print)*: _____

Applicant SSN: _____-_____-_____ Date of Birth: _____-_____-_____

Applicant Signature: _____ Date: _____

If student is under the age of 18 the following information is required:

Parent/Guardian Name *(Please Print)*: _____ Relationship to child: _____

Parent/Guardian Signature: _____ Date: _____

Craft Training Center of the Coastal Bend Video/Photography Release

I understand and agree that if this release is intended for a student under the age of 18, the references "I" and "me" will have the following meaning:
"The parent/guardian agrees the terms or conditions on the minor's behalf".

I hereby consent for the Craft Training Center of the Coastal Bend (CTCCB) to use any image of myself including the identification of myself in any such photographs or videos in any promotion, advertising, marketing and social media.

Applicant's Name (*Please Print*): _____

Applicant's Signature: _____

If the applicant is a minor, I represent that I am the [parent/guardian] of the above named minor.

Parent or Legal Guardian Name (*Please Print*): _____

Parent or Legal Guardian Signature: _____

Date: _____

Craft Training Center of the Coastal Bend Medical Release Form

In case of emergency, I grant permission to the Craft Training Center of the Coastal Bend staff to seek and authorize medical care for myself or my child who is under the age of 18. I understand that in the event my preferred medical providers are not readily available, the Craft Training Center of the Coastal Bend staff has permission to take myself or my child to the closest medical provider.

Student Name: _____ **High School** (if applicable): _____

Preferred Doctor: _____ Phone Number: _____

Preferred Hospital: _____ Phone Number: _____

Emergency Contact: _____

Alternative Emergency Contact: _____

Known Allergies: _____

Parent/ Legal Guardian Name: (PRINT) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

Parent/Guardian Signature*: _____ Date: _____

*(Required if individual is under 18 years of age.)



Craft Training Center of the Coastal Bend Student Code of Conduct



The Craft Training Center of the Coastal Bend (CTCCB) is committed to helping prepare high school and adult students acquire or maintain gainful employment in the construction industry, student participation and cooperation is key to the development of a craft professional. Our goal is not only to teach students the skills and technical information needed to succeed, but to teach safe work practices, proper use and maintenance of tools and equipment, responsibility for punctuality, attendance, work performance and work ethic, as well as verbal and written communication skills. In order for CTCCB and our students to be successful in achieving these goals it is imperative that students understand and agree to abide by the following CTCCB rules and regulations.

1. Students are expected to be in class on time, appropriately dressed for training in industrial crafts, and ready to work. Students are expected to have all required Personal Protection Equipment (PPE), books, and supplies needed for class.
2. Students are expected to be in attendance daily or as scheduled and to cooperate with instructors and staff.
3. Flagrant misuse or negligence in use of equipment, materials and/or supplies or vandalizing or destruction of vending machines, or any other item on CTCCB property will be considered cause for immediate dismissal from the CTCCB program.
4. All students are expected to remain in the classroom, laboratory or other assigned area of instruction at all times. Students are not allowed to wonder around campus or away from their assigned instructional areas without express permission of their instructor or a staff member.
5. Safety is a major concern in the construction industry. Students are trained on the proper use of PPE and are required to have **and** properly use all necessary PPE as mandated by the CTCCB. Students are expected to be constantly mindful of other students, instructors and staff working in the area.
6. Weapons of any sort are strictly prohibited, guns, knives, pocket knives, or any item determined by CTCCB to be a weapon that is found in possession of a student, is used by a student, found in their locker or in their personal belongings will be reported to Law Enforcement Authorities.
7. Drugs/drug paraphernalia and alcohol of any sort are strictly prohibited, any item determined by the CTCCB to be illegal drugs/drug paraphernalia or alcohol that is found in possession of a student, is used by a student, found in their locker or in their personal belongings will be cause for dismissal from the program, drug and or paraphernalia items or use will be reported to Law Enforcement Authorities.
8. CTCCB operates its training classes like a construction job site. Any display of aggressive behavior or horse play will not be tolerated. Any use of profanity or harassment towards other students or staff will be reported to the Director of Education. Endangerment of or physical contact with any other student or staff member by a student will not be tolerated.
9. No food or drinks are allowed in classrooms or laboratories. CTCCB strictly prohibits the use of any tobacco products except in the designated smoking area. Tobacco use by high school students is prohibited everywhere on CTCCB, CSC and ABC compound grounds.
10. Students are not permitted to bring electronic items such as iPods, cameras and other similar devices. Video and audio recording of any kind is strictly prohibited. Adult student's cell phones must be turned off during class. High School student's phones must be turned off from the time a student steps off their school bus until the student is back aboard the bus. Any phone or other electronic device will be confiscated and turned in to the respective principal to be returned at the principal's discretion. CTCCB is not responsible for any items lost or stolen while on CTCCB property.

**Violation of any of the above stated rules and regulations
will be considered cause for immediate dismissal from the CTCCB Program**



Student Signature

Date

If student is under the age of 18 the following information is required:



Parent/Legal Guardian Signature

Date



Continuing Education Registration Form



101 Baldwin Blvd.
Corpus Christi, TX 78404-3897

Del Mar College does not discriminate on the basis of race, color, sex, age,
national origin, religion, disability, or any other constitutionally impermissible reason

7433 Leopard St.
Corpus Christi, TX 78409

Student Information – PLEASE PRINT

Name: _____ Email Address: _____
Last First Middle

Other Names: _____

Mailing Address: _____
Number/Street Apt.# City State Zip County

Phone: _____ SSN or Colleague ID: _____
Home Cell Business

Gender: Male Female Birthdate: _____

I certify that I have read and understand Important Facts about Bacterial Meningitis. Yes No
(Information may be obtained at <http://www.delmar.edu/admissions/meningitis.php>)

How did you hear about Del Mar?
 Newspaper Brochure Email Class Schedule Direct Mail Website Channel 19/DMC-TV

Are you a resident of Texas? Yes No If no, what state? _____

Del Mar College will use the following data for federal and/or state law reporting purposes. Your completed responses are voluntary and the information will be used in a nondiscriminatory manner consistent with applicable civil rights laws.

Are you Hispanic or Latino? Yes No

Select the racial category or categories with which you most closely identify. Check as many as apply.

White Black or African-American Asian American Indian or Alaskan Native International
 Unknown or Not Reported Native Hawaiian or Other Pacific Islander

Are you a single parent? Yes No

Do you speak and understand English well? Yes No
(Answer "No" if English is not your primary language or you consider yourself somewhat limited in the use of English.)

Are you a displaced homemaker? Yes No
(You have worked without pay to care for the home and family, and for that reason have few marketable skills and are experiencing difficulty in obtaining employment.)

Course: _____

PLEASE READ:

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), I hereby permit the Craft Training Center and its representatives to disclose my enrollment information and academic records to Del Mar College.

This consent shall be valid throughout the student's enrollment at the Craft Training Center and thereafter but may be modified or rescinded in writing by the student.

Student Signature _____

Date _____