



Thank you for your interest in DAEOC's Adult Education & Job Training Center. This application packet contains forms and information you will need to complete before we can begin your enrollment process for the EMT program. **It is important that you read and complete this application packet thoroughly.**

The following paperwork and information will need to be turned in before the enrollment process will begin:

1. Completed Application Packet which includes the following:
 - a. Student Enrollment Agreement-Signed
 - b. Media Release- Signed
 - c. Quick Intake Form- Signed
 - d. Last page of Handbook & Catalog -Signed
 - e. Individual Performance Plan
 - f. Statement of Need
2. Copy of Photo ID
3. Copy of Social Security Card
4. Current Immunizations- Can be obtained at your local health department
TB Tuberculosis Test, Hep A, MMR and Hep B. Immunizations are not required to enroll in the EMT program but are required to obtain any clinical hours.

Please mail, email, fax or bring in all completed application packets to the following:

DAEOC's Adult Education & Job Training Center
99 Skyview Road
Portageville, MO 63873
amurphy@daeoc.com
Fax: 573-379-9139



DAEOC

Delta Area Economic Opportunity Corporation

99 Skyview Road, Portageville, Missouri 63873 www.daeoc.com
Phone (573)379-3851 Fax (573)379-5935 Toll Free: (800) 748-8320

Student Enrollment Agreement

Student Name: _____

Social Security Number: _____ Date of Birth: _____

Race: _____ Ethnicity: _____ Gender: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Email: _____

The section below is to be completed by the Coordinator.

Program Name: _____

Program Start Date: _____ Program End Date: _____

Classroom Hours: _____ Clinical Hours: _____

The student, by signing this contract, acknowledges that he/she understands the terms and conditions and agrees to the conditions outlined in this contract. Signing of this contract by the school is written confirmation by the school that the above named student has been approved to enter the above named program(s).

Printed Name of Student

Printed Name of Coordinator

Signature of Student

Signature of Coordinator

Date

Date



DELTA AREA ECONOMIC OPPORTUNITY CORPORATION

Participant Quick Intake

What type of insurance do you have? _____

Do you own or rent your home? (Circle One) Own Rent Do you receive Food Stamps? (Circle One) Yes No

Monthly income amount: \$ _____ Person receiving income _____ Type _____

Monthly income amount: \$ _____ Person receiving income _____ Type _____

Monthly income amount \$ _____ Person receiving income _____ Type _____

Are you a veteran? (Circle One) Yes No

Head of Household Name: _____ Race: _____ DOB: _____ Education Level: _____

Social Security #: _____ Gender: _____ Address: _____

City, State & Zip: _____ Phone: _____

Household Members' Names	Social Security #	Relation to HOH	DOB	Gender	Race	Education Level	Insurance Type	Veteran Yes or No

I certify that the information given on the Quick Intake is true and accurate to the best of my knowledge and belief. I certify that there are _____ related persons in my household and our combined monthly income is \$ _____

I understand that such information is subject to verification and I further realize that falsification or fraudulent information may result in the rejection of the Quick Intake Form and future services.

Head of Household/Spouse Signature

Staff/Volunteer Signature



Individual Performance Plan

Students Name: _____

Section 1: Currently Employed

Employed Full-Time Employed Part-Time

Employer Name: _____ Date of Employment: _____

Rate of Pay \$ _____ Do you want to continue in this field of work? Yes No

Career Goal: Full Time Employment Career Advancement Retain Current Position

Other: _____

Section 2: Currently Unemployed

Unemployed (*more than 6 months*) Unemployed (*less than 6 months*)

Previous Employer: _____ Date of Employment: _____

Rate of Pay \$ _____ Do you want to continue in this field of work? Yes No

Career Goal: Full-Time Employment Part-Time Employment Self Employment

Other: _____

Below is for office use only:

Actions taken over the 8 week session to obtain goal:	Supportive Services Used to obtain goal:	When was action taken or when do you hope to obtain goal:
Evaluation: (Has goal been met?) Date Met:		



Financial Statement of Need

The Adult Education Center provides free tuition for students who are enrolled. Financial assistance may be offered to help students with any barriers associated with completing the course. Participant stipends will be available to offset any costs associated with attending any of the available courses. Students will be compensated or paid an hourly stipend based on Missouri's minimum wage for every hour completed of the course. This is awarded on a weekly basis for classes receiving a Certificate of Completion. Along with a stipend, DAEOC will purchase uniforms, books, and pay for any testing fees associated and necessary for the class. We will also help with travel expenses in the form of mileage reimbursement. All CNA, EMT and CHW students qualify for mileage reimbursement from their home to a clinical site. In the space below please provide a brief reason for the financial request for mileage reimbursement. Your information will remain confidential.

STUDENTS SIGNATURE: _____ DATE: _____

Please submit this form along with your program enrollment packet.



Adult Education Center: Media Release Form

Students Name: _____

_____ I hereby **consent** to the participation in interviews, the use of quotes, and the taking of photographs, movies, video tapes, or social media.

_____ I **do not** give my consent to participate in interviews, the use of quotes, to be photographed, filmed, or put on social media.

Student Signature: _____ Date: _____

HANDBOOK ACKNOWLEDGEMENT AGREEMENT

By signing below, I agree:

- I have been given a copy of DAEOC's Adult Education & Job Training Center Programs Handbook.
- I have been given ample time to read DAEOC's Adult Education & Job Training Center Programs Handbook.
- I understand the guidelines and rules contained therein and referenced in other documents, such as the Course Syllabus, etc.
- I will abide by all of the guidelines, rules, and expectations of DAEOC.
- I understand that if I do not abide by all of the guidelines, rules, and expectations; I may be dismissed from DAEOC.

Name: _____

Signature: _____ Date: _____