

Jaguar Scholars Consent

Please initial and sign after review

Drug Policy

_____ I understand Jaguar Scholars is a drug, bullying, and violence free program.

_____ I understand this information will be reviewed and verified. In the event any information in this application is found to be intentionally falsified, by myself or anyone providing information on my behalf, I understand I may be terminated from the program either prior to or after acceptance.

Release of Confidential Information

_____ I grant permission to Jaguar Scholars (JS) to verify any and all information contained within this application. JS will also be authorized to exchange pertinent information during the application process with *any health provider, school, social service agency, employers, and youth or criminal justice system* to which I have come into contact, in order to evaluate or assist me. All information gathered by JS, on my behalf, will remain confidential.

Media Release Information

_____ I hereby grant permission to Jaguar Scholars Program to use photographs and/or video of my image in publications, news releases, online, and in other communications related to the mission of the Jaguar Scholars Program.

Commitment Information

_____ I hereby agree to actively participate in the Jaguar Scholar Program. I understand that the program is a voluntary admission; however I acknowledge the benefits to my educational and occupational goals. I commit to follow rules and regulations of Jaguar Scholars Program, while receiving services. I will make a commitment to my academic success and myself. I understand that entrance into Jaguar Scholars Program is a privilege, and that only those individuals that qualify and show commitment will be accepted. The Jaguar Scholars Program is a scholarship to attend a training program to enhance basic work skills that lead to quality employment with advancement opportunities.

Group Participation

_____ I hereby agree to participation in groups virtual and/or face to face while building teamwork, communication, and positive peer relationships skills.

Communication Protocol

_____ I understand due to the pandemic most of the communications will be conducted electronically.

- I decline and **DO NOT** want to receive any electronic messages.
- I accept and **DO WANT** to receive electronic messages.

Cell number: _____

E-mail: _____

_____ **Self-Attestation** I hereby certify that this application contains no misrepresentations or falsifications, and that the information given is true and complete to the best of my knowledge.

EXPECTATIONS:

1. I understand that violence, drug or alcohol use, and sexual harassment are not tolerated at Jaguar Scholars.
2. I understand that if I test positive for illegal drugs, I will be referred to a counselor.
3. I understand that I will be in a multi-cultural environment and interacting with other students.
4. I understand if I live on campus it is my responsibility to maintain a safe environment for myself and other students.
5. I understand that if I have problems, I will contact my Admissions Counselor to work out the problems.
6. I understand that I will be given an orientation, and that I must abide by these policies to remain in the program.
7. I understand that in order to obtain the benefits of the Jaguar Scholars Program, I must attend classes and complete the program.

I certify that my Admissions Counselor has discussed the benefits and expectations of the Jaguar Scholars Program with me. If I am accepted Jaguar Scholars, I agree that I will accept these conditions and commit to fully participate in the program.

JAGUAR SCHOLARS PROGRAM CONSENT RECORD

The Admissions Counselor has read each item on this consent form to the applicant or parent/guardian, if applicable, ensure that he/she (they) understand(s) it, and have the applicant and parent guardian, if applicable, sign the form.

I (we), the undersigned, certify that all information on the application forms is accurate.

I (we) consent to the enrollment of the above-named individual into the Jaguar Scholars Program.

I (we) further understand that any false statement or dishonest answers will be grounded to dismissal of the above named individual and may be punished by law.

Males Only -I am required to be registered with the Selective Services System.

I (we) authorize all routine and customary physical examinations, dental work, surgical and other treatment as required by the Jaguar Scholars regulations, as well as the collection of information such as education and medical records.

I (we) have been provided with a personal copy of Jaguar Scholars Program Privacy Act statement. I (we) have read the statement and understand the contents.

I (we) have been provided information about Jaguar Scholars Program, life on a Jaguar Scholars Program center, vocational offerings, and job outlook information.

I (we) have been told what Jaguar Scholars Program expects of me as a student. All of my (our) questions have been answered.

I (we) understand that I (we) are responsible for keeping the Jaguar Scholars Program informed of any address changes.

I (we) authorize Jaguar Scholars Program to gather information about my employment after participating in Jaguar Scholars Program training.

Signed:

Applicant

Date

Parent/Guardian, if applicable

Date

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