

Interested Applicant,

We are very excited that you are interested in participating in one of the training programs offered through the Southwest Minnesota Private Industry Council, in partnership with Southwest Adult Basic Education (SW ABE) and Minnesota West Community and Technical College.

Whether your future career path has you interested in pursuing Welding, Machine Tool, Industrial Maintenance, or Universal HealthCare Worker, you will need to complete the attached application and submit it with a copy of your Valid/Current State Issued I.D. and a copy of your Social Security Card as well as your eligibility verification. Successful completion of the application does not guarantee admittance into the next scheduled training, but gives us the ability to contact you when we will be offering the next training. *You may be given the opportunity to take the training outside of your area (if interested), however, travel may be required and you will be expected to follow the attendance expectations and pay for travel expenses.*

*****All applications require a copy of a Valid/Current MN State Issued I.D. & Social Security Card**

Scholarship Eligibility: Scholarship funds may be available to help with training costs. Eligibility varies depending on the project funding source. Southwest Minnesota Private Industry Council staff will work with you to determine your scholarship eligibility for the training in which you are interested.

General eligibility categories include:

- Resident of Minnesota
- Economically disadvantaged individuals
- Individuals who identify with minority ethnic/race groups
- Unemployed, under-employed, and/or low wage/under-prepared adults who are eligible for ABE
- To be eligible for ABE, an individual must be 16 or over, not enrolled in secondary school, and functioning below the 12th grade level in any of the basic academic areas including reading, math, writing and speaking English
- Eligible veterans and spouses will be given priority for program enrollment (*need copy of DD214*)

In order to help us determine your eligibility for the various funding sources, we will ask you for a copy of your last six months' pay stubs or previous year's tax return.

If you have any questions about Training Options/Eligibility Requirements, please feel free to contact:

Kary Boerboom at **Cell: 507-476-3698** or 800-818-9295 or 507-476-4040

kboerboom@swmnpic.org

Submit completed application, along with required verifications to:

***Local CareerForce, Attn: Kary Boerboom**

Or Mail to:

SW MN Private Industry Council, Inc.

607 West Main Street

Marshall MN 56258

Program Expectations

Students must:

- Be age 16 or older and NOT currently enrolled in secondary school
- Complete reading and math assessments (Minimum: CASAS 235)
- Complete SW MN PIC Application
- Meet SW MN PIC eligibility requirements
- Commit to the Attendance Policy and Course Requirements as stated below

Attendance Policy:

- Attendance is required on all dates the class meets.
- Students are expected to attend all classes. It is expected that students will arrive five (5) minutes early for the scheduled class time and stay for the entire class period.

Course Requirements:

- All coursework and final certification will be completed during the scheduled class timeframe. Students should take this seriously, complete coursework on time and honor the attendance requirements.
- 80% passing for all classes associated with the pre-training and training. Classes can include, but are not limited to:
 - Lecture
 - ITV
 - Online
 - Workshop/Trailer
- If I do not have a diploma or GED, I will show progress towards the completion of one.
- An exit interview will be scheduled for each student to discuss next steps in their career pathway.
- All participants must take a CASAS pre-test prior to starting class and take a CASAS post-test before the end of class.
- I understand that this program is sponsored by the SW MN Private Industry Council, SW Adult Basic Education and Minnesota West Community and Technical College with funding from various grant(s) and that if I qualify for financial assistance, *most expenses* are covered by the grant for my participation.
- Upon successful completion of the program, I agree to pursue employment in the field of training.
- I agree to provide information on any degrees/certifications, wage increases and/or job promotions received while I am in training or when I complete my training/education program.

SUPPLEMENTAL APPLICATION: HEALTH CARE PATHWAYS TRAINING
*(If you are applying for **Universal Health Care Worker** training, please complete this)*

Name: _____ Date: _____

SW MN PIC Job Counselor's Name: _____
(If you have one)

1. Why are you interested in this training program? What makes this training and occupation right for you?

2. How did you hear about this training?

3. Most nursing assistant jobs are located in nursing homes. Why do you want to work with the elderly?

4. Are you willing to work with both male and female residents? Yes No

5. What shifts can you work? First (6-3pm) Second (3-11pm) Third (overnights)
 Weekends *(Select all that apply)*

6. You must pass a criminal background check to be employed in the health care field. Examples of unacceptable charges/convictions include but are not limited to: theft, drug charges/convictions, assault, fraud, domestic assault, welfare fraud, and check forgery. What will be the results of your criminal background check?

7. Do you need assistance with any of the following areas to participate in this training *(Check all that apply)*
 Transportation Housing Child Care Other
Explain:

8. Do you have a valid Driver's License? ___ Yes ___ No
9. What are your backup plans for child care and transportation?
10. Do you have any physical limitation that will restrict you from completing this type of work (e.g., lifting restrictions, or other issues that could affect your ability to perform the job)?
11. You would be required to attend all classes, both ABE and MN West CTC. Do you have any other commitments which would keep you from attending classes on a daily basis?
12. Are you suspended from another college or have an unpaid debt at a MN College? If so, where and explain.
13. Upon graduation from this program are you ready to immediately start looking for a job? Have you attended a job seeking skills workshop at the CareerForce? Do you have a current resume?

I understand that if I am accepted into the Health Care Career Pathway training, I will be required to take a tuberculosis (TB) assessment (Mantoux test), and update my immunizations.

Signature

Southwest Minnesota Private Industry Council, Inc

CLASSROOM TRAINING QUESTIONNAIRE

Name _____

1. What is your area of study? _____
2. How did you come to your decision to attend school for this occupation?

3. Why is classroom training necessary for you to find employment in this occupation?

4. What kind of wage will you accept/expect after you receive classroom training?

5. Where are you willing to relocate after training?

6. Who have you talked with about the possibility of being able to find employment in this occupation?
 - _____ School (Which one?) _____
 - _____ Friends
 - _____ Prospective Employers (Who?) _____
 - _____ Family
 - _____ Other (Specify) _____
7. What skills, attributes, interests, etc. do you possess which are needed for this type of work?

8. What will your investment in your education/training be?

9. What kinds of difficulties or adjustments do you anticipate?

10. Are you aware of any restrictions or legal issues that would prevent you from being employed in this occupation? _____
If yes, please explain _____
11. Based on information found on SWMNCareers.org - What is the career outlook for your chosen field? _____

Southwest Minnesota Private Industry Council, Inc.

Name _____

Date _____

MONTHLY EXPENSES

HOUSING

_____ Rent or Mortgage Payment
 _____ Utilities
 _____ Garbage
 _____ Electricity
 _____ Heat
 _____ Cable TV/Internet
 _____ Telephone/Cell phone
 _____ Homeowner's/Renter's Insurance
 _____ Property Tax
 _____ Other (Specify _____)
Total Housing Costs _____

TRANSPORTATION

_____ Car Payment, Year _____
 _____ Car Gas
 _____ Car Insurance
 _____ Car License (Month Due _____)
 _____ Car Maintenance/Repairs
 _____ Other (Specify _____)
Total Transportation Costs _____

PERSONAL

_____ Tobacco Products
 _____ Clothing
 _____ Clothing Care (Laundromat, etc.)
 _____ Hair Cuts/Care
 _____ Misc. Personal Expenses
 _____ Other (Specify _____)
Total Personal Care _____

CHILD CARE

_____ Daytime, _____ Evening
Total Child Care _____

TOTAL MONTHLY EXPENSES

MEDICAL

_____ Insurance
 _____ Medication/Pharmacy
 _____ Doctor's/Dental Fees
 _____ Other (Specify _____)
Total Medical Costs _____

FOOD/GROCERIES, ETC.

_____ Food/Groceries
 _____ Eating Out
Total Food/Groceries _____

MISCELLANEOUS

_____ Newspaper/Magazines
 _____ Gifts/Presents
 _____ Entertainment
 _____ Vet/Pet Care
 _____ Contributions/Church/Charity
 _____ Charge Account Payments
 _____ Loan Payments
 _____ Other (Specify _____)
Total Miscellaneous _____

CHILDREN'S EXPENSES

_____ Lunches
 _____ Scouts, Sports, etc.
 _____ Lessons (dance, music, etc.)
 _____ Diapers
 _____ Other (Specify _____)
Total Children's Expenses _____

SCHOOL COSTS

_____ Tuition _____ Fees
 _____ Tools _____ Books/Supplies
 _____ Other (Specify _____)
Total School Costs _____

MONTHLY INCOME

_____ Self - Job Net Wages
 _____ Spouse - Job Net Wages
 _____ Child Support
 _____ Unemployment Insurance
 _____ Worker's Compensation
 _____ Assistance from parents and relatives
 _____ Department of Rehabilitation Services
 _____ Stafford Loan
 _____ State & Federal Tax Refund-MFIP/DWP Only

_____ Savings
 _____ Social Security
 _____ MFIP/DWP/GA
 _____ Food Stamps
 _____ PELL Grant & SEOG
 _____ Minnesota Grant
 _____ Work Study
 _____ Scholarship (state, academic, etc.)
 _____ Other (Specify _____)

TOTAL INCOME

INCOME LESS EXPENSES

Certifications of Information: I certify that the information provided is true to the best of my knowledge. I am also aware that information I have provided is subject to review and verification and I may be required to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury, if I have knowingly provided any false documentation.

Client Signature _____ Date _____ Reviewed Signature _____ Date _____

Program Specialist/Job Counselor _____ Date _____

Monthly Budget Expense Sheet Policy & Procedure

This form is to be completed and returned to your Counselor so that they can review your monthly expense and review your budget and costs to maintain your home and family expenses. Your Counselor will review the budget with you and may have a discussion with you as to areas that may assist you in balancing your budget during your schooling and/or unemployed period.

This form will be used as justification/back-up to document support services payments.

REMINDER: Support service assistance is based on need and available program resources and are not considered an entitlement.

When completing your budget form, calculate what your annual costs are for each line item then divide that number by twelve (one year) and enter that amount in the expense section for an average monthly amount.

Example: heat-6 months-summer and fall averages \$100.00 per month and 6 months winter spring averages \$200.00 per month.

6 months at \$100.00 = \$	600.00
6 months at \$200.00 =	<u>\$1,200.00</u>
Total is	\$1,800.00

Divide by 12 months = \$150.00 this is the amount you would put under heat.

Monthly income should be what your monthly net or take home after taxes currently is the month you are completing the form.

Remember you must list all grants or scholarships for training you receive as income.

Loans should not to be listed as income as they have to be paid back.
However, if you do list the loan payment, then also list the loan so they balance out.

**Workforce Service Area #6
Release of Information Authorization**

This form is to authorize the agencies of the FastTRAC Adult Career Pathway Partnership, Adult Workforce Development, MSESP and Low Income Worker Training to share information about you if that information is needed to provide you with services under the program(s). Records about your participation in the training programs include some information that is considered to be private under state and federal laws and cannot be released without your written permission. You are not legally required to sign this release, but if you do not, some information about you may not be able to be shared amongst the listed agencies without your further consent and the services you can receive may be limited or delayed.

Below is a list of agencies in the FastTRAC Adult Career Pathway Partnership, Adult Workforce Development, MSESP and Low Income Worker Training that are authorized to exchange information about you if you sign this release; the information shared will generally be used to coordinate interagency services and learning plans for you unless you authorize other uses in writing.

Release. I authorize the following agencies to release and exchange information designated below about me, as needed to provide services to me under the various programs:

- Granite Falls Region Adult Basic Education
- Marshall Region Adult Basic Education
- Jackson Region Adult Basic Education
- Worthington Region Adult Basic Education
- Minnesota Department of Employment and Economic Development
- Southwest Minnesota Private Industry Council
- Minnesota West Community and Technical College

The following information or data may be shared with collaborating agencies with this signed release:

- Educational Progress
- Test Scores
- Grades
- Attendance Records
- Enrollment Status at Southwest Minnesota Private Industry Council
- Financial Aid Information
- Employment Status
- Employment Plan, if applicable

I have read this form and understand that my signature is voluntary. I understand that my authorization will automatically expire after one year. I also understand that I can cancel my authorization at any time but must do so in writing, and it will be effective pro-actively only.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date

Pathways to Prosperity Program (MJSP Funds)
Applicant Statement of Income

Applicant Name: _____

Address: _____

City, State, Zip: _____

Are you receiving or has it been verified that you are eligible to receive benefits through the following programs?

TANF/MFIP/DWP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SNAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free or Reduced Lunch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SSI/SSDI Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered “yes” to any of the above, you do not need to provide additional information regarding income and family size.

If you are not receiving or have not been determined to be eligible for the above programs, please provide the following information.

Family Size/Number of Persons in Household in Applicants Tax Unit:

Total Gross Household Income for the Past Six Months: \$ _____ X 2 = \$ _____

Based on the above annualized Income, the applicant’s total gross household income is less than or equal to 200% of Federal Poverty Guidelines: Yes No

I certify that the information provided is true to the best of my knowledge. I am also aware that the information provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for perjury. I also allow release of this information for verification purposes in accordance with the “Use of Data” Statement.

Applicant Signature: _____

Date: _____

Grantee Staff Signature: _____

Date: _____

APPLICATION FOR SERVICES

The Southwest Minnesota Private Industry Council, Inc. (PIC) helps develop the skills of workers of all ages to improve their career prospects. Our career specialists can help you identify a direction and develop a plan of action. The initial meeting can be the most important first step you will take toward preparing for a successful future. Please help us determine how we can best serve you by reviewing the following services. Check all that could apply:

- | | |
|--|---|
| <input type="checkbox"/> Help Finding a Job
<input type="checkbox"/> Resume Help
<input type="checkbox"/> Interviewing Skills
<input type="checkbox"/> Job Keeping Skills
<input type="checkbox"/> Career Exploration
<input type="checkbox"/> Career Assessment
<input type="checkbox"/> Career Counseling (Advising, Coaching)
<input type="checkbox"/> Information on the Local Labor Market
<input type="checkbox"/> Help with Finding Training Opportunities
<input type="checkbox"/> Help Obtaining Educational Credentials | <input type="checkbox"/> Career Pathway Training
<input type="checkbox"/> Training Scholarships
<input type="checkbox"/> Work Experience/On-the-Job Training
<input type="checkbox"/> Computer Skills
<input type="checkbox"/> Basic Skills (Reading, Math, Other)
<input type="checkbox"/> English Language Skills
<input type="checkbox"/> Skills Training/Workshops
<input type="checkbox"/> Leadership Development Opportunities
<input type="checkbox"/> MFIP/DWP/SNAP Referral
<input type="checkbox"/> Other (Explain)_____ |
|--|---|

Application Checklist: *(Check with a career specialist if you need help identifying needed documentation)*

- Complete the application. Be sure to fill in each section.
- Sign and date all of the forms. If you are under 18, have your parent/guardian sign as well.
- Include the required documentation:
 - Verification of **Social Security Number** (Photo copy of Social Security Card or previous W-2)
 - Verification of **Birth Date** (Photo copy of Driver’s License/State ID, Birth Certificate or School Record)
 - Verification of **Residency** (Photo copy of Driver’s License/State ID, insurance card, library card, lease, postmarked mail addressed to yourself, etc.)
 - Verification of **right to work in U.S.** (Driver’s License/ID Card AND Social Security card; OR Permanent Resident Card or Alien Registration Receipt Card)
 - Eligibility Verification (document verifying any eligibility factors you indicate)
 - Eligibility - Income Verification (if needed)

Parental Permission *(if under 18 years of age)*

Youth who are under 18 years of age need to have parental permission to participate in the PIC Youth Programs. By signing this application, youth and parents agree to the following terms:

1. Youth has permission to work at a local worksite. There will be direct supervision.
2. A job coach will not be provided.
3. PIC Staff have permission to contact the participant's school for information on attendance and coordinating services.
4. Participant and/or parent will be responsible for transportation to and from the worksite.
5. Youth may be invited to attend workshops/trainings/etc. at a PIC office or in the surrounding area.
6. Photos may be taken of youth while participating in the Youth Programs. These may be published in the media.

COMPLETING THIS APPLICATION DOES NOT GUARANTEE A JOB AND/OR SERVICES

All applications must be complete to be processed.

If you need help understanding or completing this form, please contact a staff person.

CareerForce
 202 N 1st St., Suite 100
 Montevideo, MN 56265
 1-800-422-1346
 (320) 269-5561
 MN Relay Line 800-627-3529

CareerForce
 Lyon County Gov’t Center
 607 West Main Street
 Marshall, MN 56258
 1-800-818-9295
 (507) 476-4040
 MN Relay Line 800-627-3529

CareerForce
 Nobles County Gov’t Center
 318 - 9th St., P.O. Box 816
 Worthington, MN 56187
 (507) 295-5020
 MN Relay Line 800-627-3529



www.swmnpic.org



Southwest Minnesota Private Industry Council, Inc. Program Complaints

As the provider of multiple employment and training programs, including WIOA Title 1-B, the Southwest Minnesota Private Industry Council, Inc. must adhere to the guidelines regarding Program Complaints. This form outlines the procedure for handling grievances and complaints.

Applicants/Participants must be provided information concerning their rights. If you are unhappy with the service, treatments, or if you disagree with the eligibility determination that you have received, please ask to discuss the issue with the impartial person designated to explore program complaints at the local level:

Carrie Bendix
Southwest Minnesota Private Industry Council, Inc.
607 West Main Street
Marshall, MN 56258

Voice Telephone: 507-476-4060
FAX: 507-537-6362
E-Mail: cbendix@swmnpic.org

An informal attempt at resolution should take place prior to the filing of a formal written program complaint. Program complaints may be filed within one year of the alleged occurrence. A program complaint contains only an issue (reason for the complaint). It is processed as a program complaint under the Employment and Training Regulations (20 CFR, Subpart F, 667.600). **If you wish to file a formal written WIOA Program complaint, please request a copy of the Southwest Minnesota Private Industry Council, Inc.'s detailed WIOA Program Complaint Handling Procedures and the WIOA Program Complaint Form.**

The local level has sixty days from receipt of a written complaint to issue a decision. A hearing before an impartial hearing officer shall be provided upon request from the complainant within the sixty (60) days allowed for resolution.

If a complaint is not resolved at the local level, it may be appealed to:

Karen Lilledahl, Equal Opportunity Officer
MN Dept. of Employment & Econ. Dev. (DEED)
Workforce Development Division
Office of Diversity & Equal Opportunity
1st National Bank Building
332 Minnesota Street, Suite E200
St. Paul, MN 55101-1351

Voice Telephone: 651-259-7089
TTY: 651-296-3900
FAX: 651-297-5343
E-Mail karen.lilledahl@state.mn.us

You may file an appeal with DEED if you are:

*Dissatisfied with the local decision, or

*If the local level failed to issue the administrative decision within 60 days of the complaint filing date (total of 120 days from the date the complaint was filed).

The Minnesota Department of Employment and Economic Development WIOA Program Complaint Handling Procedures can be found at: <http://www.deed.state.mn.us/wpd/policy/title1B/5.0 index.htm>

APPLICATION FOR SERVICES

Last Name		First Name	Middle Name
Telephone Number (Home)	Cell Number	Birthdate	Age
Street Address/PO Box		City	State
Mailing Address (if different from Street Address)		County	Zip
Social Security Number		Email Address	
Sex (circle one) Male Female Other _____	Valid Driver's License ___ Yes ___ No	Transportation ___ Yes ___ No	Primary Language

Is your ability to speak English an employment barrier? ___ Yes ___ No

Race (check all that apply) <input type="checkbox"/> American Indian/Al. Nat. <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White Ethnicity (choose one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Living/Family Status <input type="checkbox"/> Individual (single, no children, lives on own) <input type="checkbox"/> Parent in a 2-parent family <input type="checkbox"/> Parent in a 1-parent family _____ # of children under age 18 living with you _____ Family size (living with you) <input type="checkbox"/> Other family member (married, no children) <input type="checkbox"/> I live with both parents <input type="checkbox"/> I live with my mother <input type="checkbox"/> I live with my father <input type="checkbox"/> I am in foster care <input type="checkbox"/> I live in a group home <input type="checkbox"/> Other: _____
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Are you a veteran? ___ Yes ___ No (If yes, provide a copy of DD-214)	Citizenship ___ Citizen ___ Eligible, Non-Citizen ___ Non-Citizen <i>If applicable: Alien Reg. Card #</i> _____ Exp. Date _____ Country of Origin: _____ Date entered U.S.: _____
Military Service Branch _____ Recently separated? ___ Yes ___ No Dates: From _____ to _____ (mm/dd/yyyy) Type of Discharge _____ Are you a Disabled Vet? ___ Yes ___ No	Selective Service ___ Required/Registered* ___ Not Registered (explain below) ___ Not Required (explain below) _____ *Registration will be verified

Education Status Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 ___ Attending High School: Now in grade School Name: _____ ___ High School Graduate: Date Received: _____ ___ GED: Date Received: _____ ___ Not in school - High School Dropout ___ Attending post-secondary training: School Name: _____ Course of Study: _____ Pell Grant Status (Circle Status): Approved Pending Denied Not Applicable College Graduate Degree Received _____	Current Labor Force Status ___ Not in the Labor Force ___ Currently Employed Part-Time ___ Currently Employed Full-Time ___ Unemployed: Date Last Worked _____ Hourly Wage of Last Job \$ _____ ___ # of weeks unemployed in last 52 weeks Unemployment Compensation Status: ___ Eligible, non-claimant ___ Eligible claimant ___ Exhausted ___ Not applicable
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Barriers: (Check ALL that Apply)*

Note: Disclosure of barriers will not affect any services for which you qualify, and may qualify you for additional services

- Recovering Chemically Dependent
- Eligible For or Receiving Food Stamps (Self or Family)
- MFIP or DWP Recipient (Self or Family)
- MAXIS ID# _____
- Emotionally, Physically, or Mentally Challenged
- Offender
- Limited English Speaking
- Homeless
- Medical Assistance Recipient
- Other: Explain _____
- Child of Recovering Chemically Dependent Parent
- Child of Dislocated Worker
- Foster Child
- Current IEP on File with School
- Pregnant or Parenting Youth
- Receiving Group Home and/or Social Services
- Attending Alternative School
- Runaway Youth
- Receives/Eligible for Free/Reduced Lunch Program
- Migrant Seasonal Farm Worker

Disability Status (Note: Disclosure of a disability is voluntary. It will not affect any services for which you may qualify, and may qualify you for additional services)*

- I do not have a disability.
 - I have a disability and it is a barrier to employment.
 - I have a disability and it is not a barrier to employment.
- My disability is documented Yes No N/A

*You may be asked to provide verification if this is relevant to eligibility for services.

CONFIDENTIAL Family Income Statement - This portion must be completed to determine eligibility for some services.

Family Size: _____ (The number of people your family claimed for income tax purposes.)

If you or any members of your household are currently receiving any of the following, please fill in the total amount per month.

*Supplemental Security Income	\$ _____/month	SS Disability Benefits	\$ _____/month
*Refugee Assistance	\$ _____/month	SS Survivors Benefits	\$ _____/month
*MFIP/DWP	\$ _____/month	Spousal Support and/or Child Support	\$ _____/month
*Food Support (SNAP)	\$ _____/month	Armed Forces Retirement	\$ _____/month
Re-employment Insurance	\$ _____/month	Rental Income	\$ _____/month
Worker's Compensation	\$ _____/month	Retirement Pension and/or SS Retirement	\$ _____/month

*If receiving any of these, you do not need to complete the Gross Income Family Breakdown. Verification will be requested.

GROSS Income Family Breakdown:

- ~List GROSS income for each member of your family for the last 6 months, if any. Do not include any amounts listed above.
- ~List only those members included in "family size" (Above).
- ~Verification of this income in the form of check stubs or a statement from the employer is required and must be included. If you are self-employed, a copy of your most recent income tax form 1040 is the only verification required.

Name of Family Member	Age	Relation	Employer	Gross Income-Last 6 Months
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List two people who do not live in your household but will always know how to contact you. (Note: For use as Emergency Contact and our Follow-up Agreement)

Name: _____ Phone: _____

Address: _____ Relationship to You: _____

Email Address: _____

Name: _____ Phone: _____

Address: _____ Relationship to You: _____

Email Address: _____

Work History

Current or Most Recent Employer: _____ Location: _____
Start Date: _____ End Date: _____ Hours per Week: _____ Pay Rate: _____
Job Title: _____ Supervisor: _____ Reason for Leaving: _____
Job Duties: _____

Previous Employer: _____ Location: _____
Start Date: _____ End Date: _____ Hours per Week: _____ Pay Rate: _____
Job Title: _____ Supervisor: _____ Reason for Leaving: _____
Job Duties: _____

Previous Employer: _____ Location: _____
Start Date: _____ End Date: _____ Hours per Week: _____ Pay Rate: _____
Job Title: _____ Supervisor: _____ Reason for Leaving: _____
Job Duties: _____

Dislocated Worker Information

(If you are a dislocated worker, please complete this section)

Hourly Wage of dislocated job: \$ _____ Layoff Notice Date: _____
mm/dd/yyyy

Separation Date: _____ Actual/Projected Dislocation Date: _____
mm/dd/yyyy mm/dd/yyyy

How many weeks in the last 52 weeks (1 year) have you been unemployed? _____

Have you been unemployed for at least the past 27 weeks? Yes _____ No _____

Number of months in primary occupation: _____

I am unlikely to return to my previous occupation because:

- _____ My skills have become OBSOLETE due to technology.
- _____ My skills have become NON-TRANSFERABLE because they are so unique and specialized to a particular work setting that they are of little value to the broader local economy.
- _____ My skills have become DATED. When updated, these skills will remain in demand.
- _____ I am UNSKILLED, lacking formal education and/or occupational training or job related training that would enable me to obtain skilled employment.
- _____ I lack CREDENTIALS in my current occupation and am prohibited from performing duties and responsibilities authorized by license, certificate or other credentials, or I have lapsed credentials that need recertification.

Consent to Share Wage & Employment Information

I agree that the Minnesota Department of Employment and Economic Development may release information on my wages and employment contained on the State's Wage Detail files to Southwest Minnesota Private Industry Council. I understand this is private information. I understand the Southwest Minnesota Private Industry Council will use this information ONLY for the following four purposes:

- Preparing audit reports.
- Auditing Southwest Minnesota Private Industry Council.
- Reviewing my eligibility for Southwest Minnesota Private Industry Council employment and training program.
- Learning how well the services are helping people like me.

I understand that Minnesota state law does not allow Southwest Minnesota Private Industry Council to use this information for any other purpose. This information may not be shared by Southwest Minnesota Private Industry Council without my consent. This consent goes into effect today. This approval expires after three years from the time I leave the Program. I may cancel this consent in writing at any time.

____ Yes, I agree to the sharing of wage and employment information.

____ No, I do not agree to the sharing of wage and employment information.

Follow-Up Agreement

You may be contacted 3, 6, 9 and 12 months following the closing of your case file. The information you provide will help us measure the effectiveness of our services. This information will be kept confidential. If we are unable to reach you by using your contact information, we will contact the individuals listed on your application who do not live with you but will always know how to contact you. I voluntarily agree to provide information requested in the follow-up surveys or interviews following the closing of my case file.

Certification Statement

The information I have given on this form is true to the best of my knowledge. I know the information I gave will be reviewed and may need to be confirmed. I may be asked to provide proof for some items. I also know that if any information is found to be false I may not be able to take part in this program. I could also be taken to court and charged with fraud or perjury.

I will allow this information to be shared with the following entities: Southwest Minnesota Private Industry Council, Inc., School and Training Offices, Current and Future Employers, Department of Veterans Affairs, Vocational Rehabilitative Services, County Family Services Organizations, Social Security Administration, Department of Employment and Economic Development. These offices may help decide if I can be accepted into the program. They will also help put together a plan for my employment and keep track of my progress. I have been made aware of and understand the Use of Personal Information form.

I have read the Southwest Minnesota Private Industry Council Program Complaint form, the Personal Information form (Minnesota Data Practices Act), and the Equal Opportunity Complaint/Discrimination Procedure form; and understand that I can request a copy of the policies or access them online at www.swmnpic.org. I know my rights and I know that some information can only be shared if I allow it. I voluntarily agree to provide the information requested and give permission for present/past/future employers and educational institutions to release information to the Southwest Minnesota Private Industry Council, Inc. regarding my employment, training, and/or earnings.

Applicant Signature

Date

Parent/Guardian Signature (if youth under 18)

Date

Staff Signature

Date

PIC Staff Review Signature

Date

COMPLETING THIS APPLICATION DOES NOT GUARANTEE A JOB AND/OR SERVICES

All applications must be complete to be processed.

If you need help understanding or completing this form, please contact a staff person.

Southwest Minnesota Private Industry Council is an equal opportunity employer and program provider.
Individuals needing accommodations for any of our services should call us at the location phone number listed.
Please contact us at least 3 business days prior to the event.

Technology Consent Form

If you would like to communicate with your Counselor using technology such as email, social media, texting or other means of electronic communication, please read and sign this form.

You have requested that certain information about you be provided to you by email, face book and/or texting. Before Southwest Minnesota Private Industry Council, Inc. will communicate with you in these forms of technology containing non-public data, you must read and agree to the following risks and conditions of use.

1. Risk of Using

We caution clients from communicating by electronic technology. Transmitting non-public information data by these means has a number of risks that must be considered. These include, and are not limited to: electronic communication can be circulated, forwarded, and stored in numerous paper and electronic files. Electronic communication can be immediately broadcast worldwide and be received by many intended and unintended recipients.

Electronic Communication can be:

*Sent to a misaddress

*It is easier to falsify than handwritten or signed documents.

*Backup copies may exist even after the sender or recipients have deleted their copy.

*Employers and on-line services have a right to archive and inspect information transmitted through their systems.

*Electronic communication can be intercepted, altered, forwarded, or used without authorization or detection.

*It can be used to intentionally or unintentionally distribute a computer virus, which can destroy or harm computer systems and electronic data.

2. Conditions of Use

Southwest Minnesota Private Industry Council, Inc. will use reasonable means to protect the security and privacy of electronic information sent and received. However, because of risks outlined above, we cannot guarantee the security and privacy of electronic communication. Therefore, individuals must consent to the use of electronic communication for information. Consent to this use includes agreement with the following conditions:

*Applicable electronic communication to or from our clients will be printed out and made part of the client's record. Because they are part of the record, other individuals authorized to access the records will have access to those documents.

*As necessary to provide service and secure reimbursement, we may forward electronic information to our staff and those who have authorized release of information.

*We will not, however, forward non-public electronic communication to independent third parties without your prior written consent, except as authorized or required by law.

*Although we will endeavor to read and respond promptly to any electronic communication, we cannot guarantee that any particular communication will be read and responded to within any particular period of time. Therefore, you should not use electronic communication for emergencies or other time sensitive matters.

*If your electronic communication requires or invites a response from us, and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the communication and when they will respond.

*You should not use electronic communication regarding sensitive medical information.

*You are responsible for informing us of any types of information that you desire not to be sent by electronic communication.

*You are responsible for protecting your password or other means of access to electronic communication. We are not liable for any breaches of confidentiality caused by your or any third party.

3. Communicating by Electronic Communication

To communicate by electronic communication, you will:

*Avoid use of your employer's computer or other computer easily accessible to others.

*Inform us of changes in your electronic communication address.

*Put your full name in the body of the communication.

*Avoid placing any private information on the subject line of the communication.

*Review the electronic communication to make sure that it is clear and that all relevant information is provided before sending to us.

*Take precautions to preserve the privacy of the communication, such as using and safeguarding your password.

*Withdraw consent only by written communication to our agency.

Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risk associated with electronic communication between Southwest Minnesota Private Industry Council, Inc. and me, and consent to the conditions outlined herein. I agree to the instructions for electronic communication outlined here, as well as any other instructions that Southwest Minnesota Private Industry Council, Inc. may impose to electronic communication. Finally, I agree that because of my written agreement that use of electronic communication to communicate with me concerning non-public data is reasonable and proper way to communicate with me and protect my privacy.

Client Signature: _____ **Date:** _____

Electronic Communication Address (e.g. email, text, etc.): _____

I choose to decline this consent: _____

Consent for Media Notification
(Optional)

We would appreciate the opportunity to share information about your accomplishments and participation with others. This release form will serve as permission to publish/post such information as needed. If you are willing for this to occur, we request that you complete the form below.

I, _____, hereby authorize the Southwest Minnesota Private Industry Council, Inc. (PIC) and the Minnesota Department of Employment and Economic Development (DEED) to release written information and/or photograph(s) to the media as an extension of the organization/department's public recognition of my achievements, contributions and participation in employment and training programs.

I have been informed of the meaning of this release and that my signature on it amounts to a waiver of any claim I might assert against any official, employee, agent or unit of the Southwest Minnesota Private Industry Council, Inc. or the State of Minnesota arising from this release.

This release shall bind my heirs and assignees.

SIGNATURE: _____

ADDRESS: _____

DATE: _____

PARENT SIGNATURE OR LEGAL GUARDIAN (If individual is under age 18):

SIGNATURE: _____

ADDRESS: _____

DATE: _____

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose);

Local Equal Opportunity (EO) Officer: Carrie Bendix, Southwest Minnesota Private Industry Council, Inc. CareerForce, 607 West Main Street, Marshall, MN 56258, 507-476-4067 (Voice), 507-537-6362 (Fax) cbendix@swmnpic.org

WIOA EO Officer: Karen Lilledahl, DEED, Office of Diversity & Equal Opportunity, 1st National Bank Building, 332 Minnesota St. E200, St. Paul, MN 55101, 651-259-7089 (Voice), 651-297-5343 (Fax), Karen.Lilledahl@state.mn.us

or

State EO Officer: Ann Feaman, DEED, Office of Diversity & Equal Opportunity, 1st National Bank Building, 332 Minnesota St. E200, St. Paul, MN 55101, 651-259-7097 (Voice), 651-297-5343 (Fax), Ann.Feaman@state.mn.us

Director, Civil Rights Center (CRC), U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123, Washington, DC 20210
or electronically as directed on the CRC website at www.dol.gov/crc.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

How We Use Your Personal Information

A partnership sponsored by the Minnesota Department of Employment and Economic Development (DEED) and Southwest Minnesota Private Industry Council, Inc.

Please read the Notice below and the Equal Opportunity is the Law Notice on the reverse side. When you finish reading, initial the final two statements, print your name, sign your name, and date the bottom of this form.

When you receive services from state or federally funded programs, we will ask you for information about yourself. The data we are asking you to provide about yourself is considered private data by Minnesota Statute 13.47 subdivision 2. In order to collect and use this data we must tell you why we need the data, how we intend to use it, and any outcomes you may experience if you supply the information or not. You may refuse to supply any or all of this information. You are not legally required to provide information about yourself. However, if you do not supply sufficient information about yourself, it may limit our ability to provide services to you. Your information may be shared with other government entities that have a legal right to this data including the U.S. Department of Labor, the Office of Higher Education, the Office of the Legislative Auditor, the State Auditor, employment and training service providers, and welfare agencies. Your information may also be shared by court order. For more information about DEED Data Practices, visit <http://mn.gov/deed/about/what-guides-us/privacy>.

Types of personal information you might be asked to provide and why we need it:

- **Social Security Number (SSN):** Your SSN is requested to identify you as a unique individual, to find wage data, and to help us evaluate the performance of our programs;
- **Name, address, birth date, and contact information:** This is used to identify and contact you and to evaluate our performance;
- **Age, gender, ethnicity, race, disability, and economic status:** Demographic information is collected to help determine if you are eligible for additional assistance and to evaluate our performance;
- **Veteran status:** Veteran status is asked to determine if you are eligible for priority services and to evaluate our performance; and
- **Other personal information, such as school records, job skills and work history:** Education and work history is used to help plan your employment and training goals and to evaluate our performance.

Information about you will be used to:

- Decide if you are eligible for services, which services you are eligible for, and to coordinate services provided to you;
- Help you obtain employment by sharing work and education history with prospective employers; and
- Improve public services by analyzing data about our performance.

___ I have read the above Notice. I understand that information may be shared with other service provider agencies in accordance with the Minnesota Government Data Practices Act.

___ I have read the Equal Opportunity is the Law Notice (found on the reverse side). I understand that I have the right to file a complaint of discrimination.

Name (Print)

Signature (if under 18, signature of Parent/Guardian)

Date

Revised 4/2019

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Revised 4/2019

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

kMNt'sMKal' eblG~kcg'VnCMnYybke"bBtámanenHedayminKit«fÅ sUmsYrG~kkan'sMNUmerOgrbs'G~k É TUrS&BæeTAelx
1-888-468-3787 .

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປ່ງຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວ ພໍດີ ພໍດີ ຈົ່ງ ການຊ່ວຍວົກ
ຖ້າຕ້ອງທ່ານ ໂທ ຫາຕາມເລກໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0001 (10-09)

ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATED TO COVID-19

Thank you for participating in the Southwest Minnesota Private Industry Council, Inc.'s employment and training program(s). We know you have alternatives, and we thank you for choosing to work with us at this time.

These are not normal times. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread from person-to-person contact, including through respiratory droplets, and in other ways that the Centers for Disease Control and Prevention is still learning.

Community-spread COVID-19 is prevalent in Minnesota and new cases are occurring frequently. As a result, federal, state, and local governments and various health agencies recommend physical distancing and have, at certain times and locations, prohibited groups of people congregating.

The Southwest Minnesota Private Industry Council, Inc. has put in place preventative measures to reduce the spread of COVID-19, and we need everyone's help in following CDC guidelines (attached).

Given an extremely contagious virus and pandemic, **the Southwest Minnesota Private Industry Council, Inc. cannot guarantee that participants in our program will avoid becoming exposed to and infected by COVID-19.** Further, attending our program could *increase the risk* of contracting COVID-19.

Assumption of Risk: By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that the undersigned participant/child/parent/guardian may be exposed to or infected by COVID-19 by attending this program. I understand that such exposure or infection may be very serious and result in personal injury, illness, disability, and even death.

It is my choice to participate in this program knowing that attending this program may increase the risk of becoming exposed to and infected by COVID-19.

I understand and appreciate the risk of becoming exposed to and infected by COVID-19 as part of attending the program.

I acknowledge that exposure to COVID-19, injury, illness, disability, and even death may result from the actions, omissions, or negligence of myself and others, or the actions, omissions or negligence of the Southwest Minnesota Private Industry Council, Inc. including but not limited to its management, employees, and volunteers, or the fault of program participants and their families.

I voluntarily agree to assume all of the risks outlined in this form including contracting COVID-19, and the undersigned accepts sole responsibility for any injury or illness to the participant or myself. This risk includes illness, injury, disability and death, and all associated losses and expenses of any kind that I or the participant may experience or incur.

Waiver: In consideration of being permitted to participate in the Southwest Minnesota Private Industry Council, Inc.'s employment and training program(s) I, for myself, and on behalf of the participant, hereby release, agree not to sue, discharge, and hold harmless, the Southwest Minnesota Private Industry Council, its officers, employees, agents, and representatives, from all claims, actions, damages, costs or expenses of any kind relating to COVID-19. I understand and agree that this release includes any and all claims based on the actions, omissions, or negligence of the Southwest Minnesota Private Industry Council, its officers, employees, agents, or representatives.

Indemnification and Hold Harmless: I also agree to indemnify, defend, and hold harmless the Southwest Minnesota Private Industry Council, Inc. and its officers, employees, agents and representatives from any and all claims, actions, costs, expenses, damages and liabilities, including attorney's fees, relating to any claim of exposure, infection, injury or illness concerning COVID-19 arising from participation in the listed program or activity.

This assumption of risk, waiver and agreement applies even if the undersigned asserts the program was at fault for not taking greater precautions to manage exposure or infection from COVID-19 and the pandemic. Participants and their families assume the risk of illness and injury, as outlined in this document.

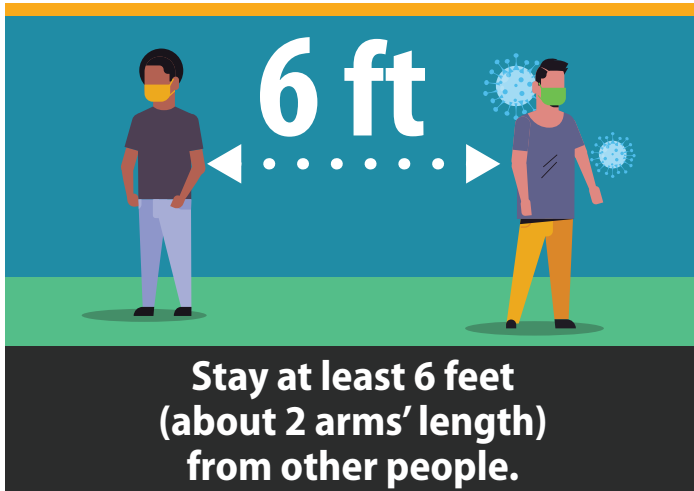
Signature of Participant

Date

Print Name of Participant

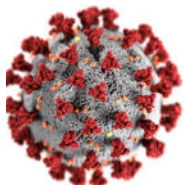
Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.



cdc.gov/coronavirus

What you should know about COVID-19 to protect yourself and others



Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.



Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.



Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.



Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.



Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.



Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.



How to Protect Yourself and Others

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

Know how it spreads



- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
 - » Between people who are in close contact with one another (within about 6 feet).
 - » Through respiratory droplets produced when an infected person coughs, sneezes or talks.
 - » These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
 - » Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Everyone should

Clean your hands often



- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.** Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact



- **Limit contact with others as much as possible.**
- **Avoid close contact** with people who are sick.
- **Put distance between yourself and other people.**
 - » Remember that some people without symptoms may be able to spread virus.
 - » This is especially important for **people who are at higher risk of getting very sick.** www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Cover your mouth and nose with a cloth face cover when around others



- **You could spread COVID-19 to others** even if you do not feel sick.
- **Everyone should wear a cloth face covering in public settings** and when around people not living in their household, especially when social distancing is difficult to maintain.
 - » Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- **The cloth face cover is meant to protect other people** in case you are infected.
- Do **NOT** use a facemask meant for a healthcare worker.
- Continue to **keep about 6 feet between yourself and others**. The cloth face cover is not a substitute for social distancing.

Cover coughs and sneezes



- **Always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect



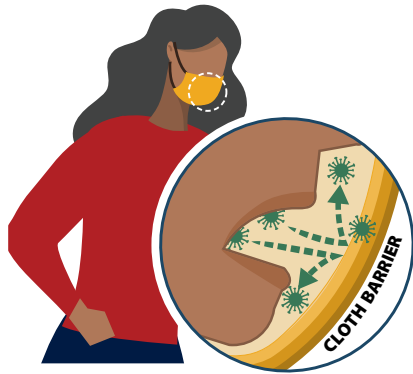
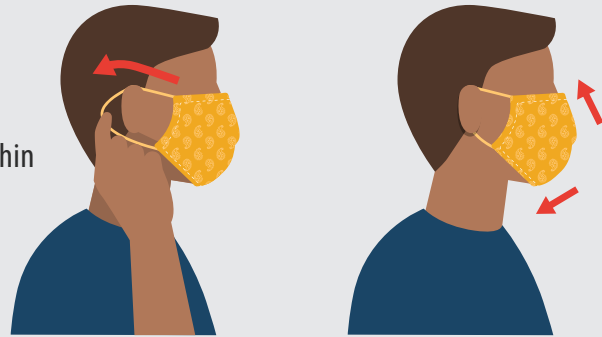
- **Clean AND disinfect frequently touched surfaces** daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.
- **Then, use a household disinfectant.** You can see a list of [EPA-registered household disinfectants here](#).

How to Safely Wear and Take Off a Cloth Face Covering

Accessible: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

WEAR YOUR FACE COVERING CORRECTLY

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2



USE THE FACE COVERING TO HELP PROTECT OTHERS

- Wear cloth face coverings in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain
- Don't put the covering around your neck or up on your forehead
- Don't touch the face covering, and, if you do, clean your hands

FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water



Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a cloth face covering, see:

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

