



# YOUTHBUILD

## QUAD YOUTHBUILD

45300 N. Baptist Rd.,  
Hammond, LA 70403  
225.567.2350  
www.quadyouth.org

# 2024 ENROLLMENT PACKET



**FOR OFFICE USE ONLY**

Date Turned in: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Interview Appointment: \_\_\_\_\_

Testing Appointment #1: \_\_\_\_\_

Testing Appointment #2: \_\_\_\_\_

MTO Date: \_\_\_\_\_ Completed MTO? \_ Yes \_ No

Cohort Start Date: \_\_\_\_\_



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# REMIND App

At Quad YouthBuild, we will utilize a communication app called "Remind." This is a free, secure app that can be downloaded to any iPhone or Android device, which will allow for our program to communicate easily with you via secured text messaging. Your personal contact information is not visible to the program, or anyone associated with the program.

Signing up for messages on Remind is easy.

### **To receive messages via push notification if you have a smartphone-**

Step 1: Download the Remind app on your Android or iOS device, or go to [rmd.me/a](http://rmd.me/a) to install the app.

Step 2: Once you've downloaded the app, create a parent or student account with your email address. \*Please choose the correct role

Step 3: Go to the Classes tab, tap +, and enter our unique class code @qybapp. This class code will change once programming starts. A new code will be provided at that point.

OR

### **To receive messages via text notification if you do NOT have a smart phone-**

Step 1: Text the message @qybapp to the number 81010.

That's it!



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### REQUIRED DOCUMENTATION:

- Birth Certificate
- Social Security Card
- Louisiana Photo ID (driver or non-driver)
- School Records/Drop Slip from the previous school attended. **Do not drop if you are still enrolled.**
- Parent/Legal Guardian Photo ID, if under 18 (driver or non-driver)
- Custody paperwork if the legal guardian is not listed on the birth certificate
- Proof of income i.e. TANF/food stamp documents, copy of last 6 months' pay stubs, bank statement showing 6 months of direct deposit, parent tax return if under 18, applicant tax return if over 18, documentation from social security medical card, public housing authority paperwork.
- Proof of residency if the applicant's physical address does not match the address on the applicant's ID.
- Medical Insurance Card
- Waiver from school board. **Required for all applicants under 18 years old.**
- Verification of Service Registration for males 18 and older – visit [www.sss.gov/home/verification](http://www.sss.gov/home/verification) for verification
- Verification of voter registration, if eligible and over 18 Probation/Parole paperwork
- Probation/Parole Paperwork (if applicable)
- Disability documentation (if applicable)
- IEP, if special testing is required (if applicable)
- Foster care documentation (if applicable)

Please note that uniforms are **required** for all participants. QYB will provide participants with 5 QYB shirts, 1 QYB sweatshirt, safety boots, and a clear bag. Participants are **responsible** for purchasing their own khaki pants and belt.



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### Welcome Letter from the Director

Dear Potential Quad YouthBuild Participants and Parents,

I would like to welcome you to Quad YouthBuild personally. QYB's aims to provide opportunities for personal transformation through education, career training, community service, and leadership development. By applying to join Quad YouthBuild, you are saying that you want to improve yourself, the lives of those around you, and the community in which you live. You are saying that you are willing to make changes in the way you will live your life. You are choosing to become a leader by participating in something unique in this city. We expect that you will be proud to represent the program long after your training has ended.

Attached you will find information regarding admission and enrollment for all prospective participants. Please carefully read and complete the enrollment forms. If you need assistance with the enrollment process, please contact QYB as we have case managers and staff that will assist you in the process.

All of us here at QYB look forward to the journey that is to come as we work together to ensure a successful year! If you have any questions, feel free to contact us at 225.567.2350 or by email at [youthbuild@quadyouth.org](mailto:youthbuild@quadyouth.org).

All the Best,

Crystal Pena  
Director



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## Application Process

**Step 1** – Complete the attached **enrollment packet** and return to:

Quad YouthBuild  
45300 N. Baptist Rd.  
Hammond, LA 70403

**ALL required eligibility documents on the attached checklist must be returned before orientation. Failure to submit the required documents will void the application.**

**Step 2** – Sign up for the **Remind App** via the attached instructions. All communication from the program regarding testing and enrollment will be sent through the Remind App.

**Step 3** – Complete an **educational assessment**. Upon return of the application, the applicant will be scheduled to take an educational assessment for the program to determine HiSET (GED) readiness. The test takes approximately 2 hours, so arrangements will need to be made beforehand. It is very important that the applicant **DOES THEIR BEST** on this test. If an applicant tests too low, they will be referred to Adult Education classes to work on improving basic skills and recommended to apply once those basic skills have seen improvement.

**Step 4** – Attend an **interview**. The applicant must attend a brief interview with the QYB staff. The interview will take approximately 30 minutes. If the applicant is a no-show for the interview, the applicant's application will not be accepted. In the case of an emergency, the program must be contacted before the scheduled interview and a new interview time may be given. If the applicant is under 18, the applicant's legal guardian must attend the interview. If the applicant is 19-24 years of age, the applicant is required to have a support person attend the interview with them. This may be a parent, grandparent, aunt, etc... it must be someone that will assist the applicant in completing the program successfully.

**Step 5** – Attend **Mental Toughness Orientation (MTO)**. This is a 2-week observation period where applicants will be introduced to QYB and the expectations of the program prior to enrollment. Applicants will be observed on their adherence to program policies and procedures. At the completion of MTO, only some applicants will be selected to become QYB participants. Applicants will **not** be paid for MTO.



## QUAD YOUTHBUILD

### Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female  Other

Residential Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ U.S. Citizen  Yes  No

Facebook Name(s): \_\_\_\_\_

Registered Selective Service? (Males over the age of 18)  Yes  No  Not Applicable

Are you Hispanic or Latino?  Yes  No  Not Specified

What is your race? (check all that apply)

- American Indian or Alaskan  Black or African American  Asian
- Hawaiian Native or Pacific Islander  White or Caucasian

Do you have any documented disabilities?  Yes  No  Not Specified

\*If yes, please provide IEP or SSDI paperwork

Please mark all fields that apply:

- Migrant Youth  Low-income Family  Youth in Foster Care
- High School Dropout  Adult Offender  Youth Offender
- Child of Incarcerated Parent  Other \_\_\_\_\_

**List your emergency contacts. Numbers MUST be different from your contact numbers.**

Parent / Guardian: \_\_\_\_\_

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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Emergency Contact 1: \_\_\_\_\_

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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Emergency Contact 2: \_\_\_\_\_

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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## QUAD YOUTHBUILD

Where did you hear about Quad YouthBuild?

- Facebook                       Instagram                       Flyer                       School  
 Former YB member               Court/Probation               Other \_\_\_\_\_

Are you an English language learner?  Yes  No  
 Are you registered to vote?  Yes  No  Not Eligible

### EDUCATIONAL BACKGROUND

Are you currently enrolled in school?  Yes  No

What is the last school you attended? \_\_\_\_\_

Last Year Attended: \_\_\_\_\_

Last grade you completed (completed, meaning you passed) \_\_\_\_\_

Why did you not complete school? \_\_\_\_\_

Have you ever been expelled?  Yes  No

If yes, list the school, when, and why. \_\_\_\_\_

Did you receive special education services, i.e., extended time testing, tests read aloud, peer support, etc.?  Yes  No If yes, date of last IEP. \_\_\_\_\_

Have you taken & passed any part of the HiSET?  Yes  No

### TRAINING AND WORK HISTORY

#### **Current Job (if applicable)**

Are you currently working?  Yes  No                      Is your job?  Part-time  Full-time

Current hourly wage? \_\_\_\_\_ Hours worked per week? \_\_\_\_\_

Name of Business \_\_\_\_\_

#### **Construction Experience**

What about construction interests you? \_\_\_\_\_

Have you had any construction experience?  Yes  No    If so, please describe.

What do you want to do after you finish QYB? (Check one only)

- 2-year college                       Military, list branch \_\_\_\_\_  
 4-year college                       Undecided  
 Trade or technical school               Other \_\_\_\_\_  
 Employment

What are you interested in doing as a career? \_\_\_\_\_



## QUAD YOUTHBUILD

### HEALTH INFORMATION

Do you have any physical, mental, and/or emotional health disorders?  Yes  No  
If yes, please describe: \_\_\_\_\_

Do you take any medications?  Yes  No. If yes, please list \_\_\_\_\_

When was your last physical exam? \_\_\_\_\_

Are you receiving mental health services?  Yes  No

Are you receiving drug/substance abuse counseling?  Yes  No

What type of medical coverage do you have?  
 Medicaid  Medicare  Private Insurance  No insurance  
Please list the provider: \_\_\_\_\_

Are you supposed to wear glasses or contacts?  Yes  No

Do you have asthma?  Yes  No

Do you have any allergies we need to be aware of?  Yes  No  
If yes, please explain. \_\_\_\_\_

### CRIMINAL RECORD INFORMATION

**\*\* Answering yes to any of the questions below WILL NOT disqualify you from QYB. Answer this section HONESTLY. QYB will complete a criminal history check on each participant. Dishonesty may eliminate you from the program.**

Have you been arrested, convicted, or held in police custody?  Yes  No

Are you on probation or parole?  Yes  No

If yes, who is your probation officer? \_\_\_\_\_

Are you on juvenile or adult probation? \_\_\_\_\_

When is your probation expected to end? \_\_\_\_\_

Do you have any pending sentencing, warrants, upcoming court dates?  Yes  No

### HOUSING AND INCOME INFORMATION

Household Size: # of adults \_\_\_\_\_ # of children \_\_\_\_\_ Total # \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed  Domestic Partner

Household Yearly Income: (CHECK ONE)

- |                           |                           |
|---------------------------|---------------------------|
| _____ \$0 - \$15,000      | _____ \$30,001 - \$35,000 |
| _____ \$15,001 - \$20,000 | _____ \$35,001 - \$40,000 |
| _____ \$20,001 - \$25,000 | _____ \$40,001 - \$45,000 |
| _____ \$25,001 - \$30,000 | _____ More than \$45,001  |





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## QUAD YOUTHBUILD

Who do you live with?

- One parent
- Two Parents
- Relative
- Friend(s)
- Adult who is not your legal guardian
- Alone, with no adult(s)
- Significant Other
- Other \_\_\_\_\_

Is your current living situation stable?

Yes  No

Do you have children?

Yes  No

If yes, please how many? \_\_\_\_\_

If yes, does your child/children live with you?

Yes  No

Do you have any children on the way?

Yes  No

If yes, what is the due date? \_\_\_\_\_

Do you identify as LGBTQIA?

Yes  No

**List all household members (including applicant and children). For each individual, list ALL sources of income and amounts for the entire 6 months prior to application date. You will need to show proof of income.**

Full Name	Age	Relationship	Income Source	Gross Monthly Income
		Applicant/Student		

### TRANSPORTATION INFORMATION

Do you have transportation to and from QYB?

Yes  No

Who is your daily transportation? \_\_\_\_\_

Do you have a valid LA driver's license?

Yes  No

Do you have a valid car insurance?

Yes  No

Do you have your own car?

Yes  No

The following people have permission to pick my child up from school: **(if under 18)**

**Any changes to this list will need to be made by the legal parent /guardian.**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Ph \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Ph \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Ph \_\_\_\_\_



**Must be completed by both applicant and a parent/legal guardian if the applicant is under 18.**

Please initial next on each line to show your agreement to the following statements. **Parents initial on the left and applicant on the right.**

\_\_\_\_ 1. In signing this application, I submit that I have answered all the questions accurately. I understand that false information on this form may be grounds for denial of entry to the program or dismissal from the program. I understand that information in this application 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 after acceptance or disqualified before acceptance.

\_\_\_\_ 2. I grant permission for Quad YouthBuild to verify all information contained within this application. Quad YouthBuild will also be authorized to exchange pertinent information during the application process with any school, health provider, social service agency, employer, youth, or criminal justice system that I have come in contact with, in order to evaluate or assist me. All information gathered by Quad YouthBuild on my behalf will remain confidential.

\_\_\_\_ 3. I give permission for QYB to give named applicant basic written and oral exams, physical exams, and/or drug screens as a requirement to be in a workforce training program.

\_\_\_\_ 4. I understand that there are to be no alcohol, drug, vaping, or tobacco products used on the QYB premises, regardless of age.

\_\_\_\_ 5. I understand that QYB does NOT provide transportation to the program, and transportation is the responsibility of the applicant and his/her legal guardian.

\_\_\_\_ 6. I understand that failure to maintain a minimum of 80% attendance will result in a loss of stipend pay and will put the participant on probationary status.

\_\_\_\_ 7. I understand that the program is 7 months long with 12 months of required follow-up services.

\_\_\_\_ 8. I understand the Handbook describes all QYB policies and procedures and we will uphold and honor them.

\_\_\_\_ 9. I understand if the participant arrives more than 15 minutes after the required report time, the participant may be sent home without pay if the van to the training site has already departed.

\_\_\_\_ 10. I understand QYB does not allow cell phones to be used during program time. If one is used, I understand the participant will be fined \$50 and received no pay for the day.

\_\_\_\_ Participant Signature      \_\_\_\_\_ Print Name      \_\_\_\_\_ Date

\_\_\_\_ Parent/Guardian Signature      \_\_\_\_\_ Print Name      \_\_\_\_\_ Date



## QUAD YOUTHBUILD

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### PHOTO RELEASE FORM

I give permission for the named participant to appear in any photographs, film, or videotape produced by QYB or their partners, without compensation of any kind. I realize that I can request to see the photographs, films, or videotapes.

QYB shall have the right to exhibit and use the photographs, films, or videotape and retain full sole ownership of all copies. I understand that QYB may use the photographs, films, or videotapes on both social media and/or print materials.

\_\_\_\_\_  
Participant Signature                      Print Name                      Date

\_\_\_\_\_  
Parent/Guardian Signature              Print Name                      Date

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### TRANSPORTATION PERMISSION SLIP

I hereby give permission for the named participant to be transported by QYB staff in QYB vehicles for the entire period he/she is enrolled in QYB. This may include transportation to and/or from QYB and any off-campus activities that may occur during the program. Examples may include but are not limited to: traveling to and from the occupational training sites, counseling visits, college visits, volunteer activities, field trips.

\_\_\_\_\_  
Participant Signature                      Print Name                      Date

\_\_\_\_\_  
Parent/Guardian Signature              Print Name                      Date

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### EMERGENCY PROCEDURE APPROVAL

In the event of an emergency, accident, or illness, when I cannot be contacted, I hereby authorize a QYB program staff to make whatever arrangements are necessary for examination, diagnosis, or emergency medical treatment of the named participant. I understand that I will be responsible for any expenses occurred.

\_\_\_\_\_  
Participant Signature                      Print Name                      Date

\_\_\_\_\_  
Parent/Guardian Signature              Print Name                      Date



### AUTHORIZATION FOR RELEASE OF INFORMATION

**This form can be sent with the request for information to verify the participant's agreement to allow his/her school or employment information to be released.**

I, \_\_\_\_\_, hereby authorize and give my consent for Quad YouthBuild and its respective agents and employees to obtain or release information on my behalf.

My consent shall remain in effect until December 31, 2024. This consent is given for information obtainment and release while I am both active in the program and during the required 12-month follow-up period.

I am giving consent to obtain and/ or disclose the following records/information:

- Academic Records. This may include my attendance, grades, and schedules.
- Financial Records. This includes financial aid, and student banking accounts.
- Employment Records including start/end date, wages, hours, attendance records, job title/description, discipline records, the reason for leaving the job
- Counseling
- Substance Abuse Treatment/Urinalysis
- Education/Job Training
- Referrals
- Individual Progress
- Program Termination
- Other \_\_\_\_\_

**I understand that the confidentiality of this information will be maintained in accordance with all applicable laws. I am also aware that no information shall be disclosed to a third party/provider without my informed consent. I acknowledge that this form is valid and expires on the date stated above.**

\_\_\_\_\_  
Participant Signature.                      Print Name                      Date

\_\_\_\_\_  
Parent/Guardian Signature              Print Name                      Date

Questions – Please contact Quad YouthBuild at (225) 567-2350 or [youthbuild@quadyouth.org](mailto:youthbuild@quadyouth.org).



## QUAD YOUTH BUILD

### QYB Attendance Contract

Attendance is important at our school and plays a key role in student success at QYB. To enroll at QYB you must understand our expectations and follow the below terms and conditions. Personalized attendance plans that differ from the below must be approved by our Case Manager and Director and put in writing.

As a participant of QYB, I agree to abide by the following:

- I will strive for an attendance of 90-100% each week
- I will attend the morning meeting at 8:00AM and arrive promptly
- I will strive to book medical or other appointments outside of program hours (8am to 3:00pm)
- I will communicate with the program assistant for all appointments that fall within the school day
- If I am under 18 years of age, I must be signed out by a parent/guardian or someone listed on my sign-out sheets
- Employment opportunities for participants may not interfere with normal program hours
- I understand that continued chronic non-attendance can lead to being dropped from QYB
- I understand that I will not receive a stipend if my attendance falls below 80%
- I will comply with all school rules, dress code, and treat others with respect
- Register and use Remind to receive and send communication with QYB
- Other \_\_\_\_\_

As a parent/guardian, I agree to abide by the following:

- I will get my child to school every day on time
- Communicate and explain all absences
- Attend all regularly scheduled parent/administrator conferences
- Register and use Remind to receive and send communication with QYB
- Other \_\_\_\_\_

\_\_\_\_\_  
Participant Signature.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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### Statement of Purpose - MUST BE COMPLETED BY APPLICANT

Why have you enrolled at QYB?

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What changes will you have to make in order to complete QYB? Are you ready to make those changes? How do you know?

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## QUAD YOUTHBUILD

### EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: 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 Quad Area Community Action Agency, Inc. Equal Opportunity Officer, **Debbie Butler**, P.O. Box 27, Kentwood, LA 70444 or (985) 229-6229
- or
- 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](http://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 (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. 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 do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. 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 in 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.

### Assurance Statement

As a condition to the award of financial assistance from the Department of Labor, under Title I of WIOA, the grant applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- The Age Discrimination Act of 1975
- Title IX of the Education Amendments of 1972

**Quad YouthBuild is an Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.**

Participant Signature.	Print Name	Date
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Parent/Guardian Signature	Print Name	Date
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# Registration and Release Form

Please type or print legibly. Inaccuracies on this form may be reflected on credentials. This form is required to create your personal record in the NCCER Registry.

\* Denotes required fields.



ATS/AAC Name\*: \_\_\_\_\_

Name\*: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_  Home Number  Cell Number

Email Address\*: \_\_\_\_\_

Birth Date\*: \_\_\_\_\_ Birth City\*: \_\_\_\_\_

\* You must provide **ONE** of the following numbers to be entered into the NCCER Registry System. A unique Card Number will be generated once your Registration and Release Form has been entered into the system. **Pipeline users MUST provide their SSN.**

Social Security Number: \_\_\_\_\_

NCCER Card Number: \_\_\_\_\_

State DOE Student Number: \_\_\_\_\_ Which State? \_\_\_\_\_

Dept. of Corrections Student Number: \_\_\_\_\_ Which State? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Which State? \_\_\_\_\_

If you provide the **State DOE Student Number**, then please first contact your Sponsor Representative to ensure your state I.D. type has been added to the Registry System. NCCER must approve all new Alternate I.D. types. Please contact NCCER Customer Support if you have any questions.

Optional Information:

Company/School Name: \_\_\_\_\_

Company/School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize NCCER and the NCCER accredited organization(s) where I receive training or testing to store, access and utilize my personal information in association with my training and/or assessment records. Further, I hereby authorize NCCER to rely upon this information to maintain my training and/or assessment records in its Registry System. I hereby release and hold harmless NCCER from any and all liability resulting from (i) its reliance on personal information I provide, or (ii) disclosing such information when required to do so by law or court order. I confirm my understanding that any and all NCCER credentials and/or certifications I receive may be revoked by NCCER at any time, with or without notice, if it is determined that the organization through which I received them has violated the NCCER Accreditation Guidelines & Program Compliance standards or any other applicable policies and procedures promulgated by NCCER. I also understand and agree that NCCER shall have no legal, financial or other liability to me for the revocation of any certification or credential, and that financial liability for any funds paid to an organization for training, testing, or other services associated with the issuance of such certifications or credentials shall rest solely with said organization.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**NOTE:** This form must be maintained on file per NCCER Accreditation Guidelines. Do not send to NCCER unless requested.



# CONSENT FOR BEHAVIORAL HEALTH SERVICES BY RKM PRIMARY CARE IN THE QUAD AREA CAA, INC. YOUTH BUILD PROGRAM

**\*\*STUDENT CANNOT RECEIVE TREATMENT WITHOUT A SIGNED CONSENT\*\***

**READ AND SIGN ALL PAGES. PRINT USING BLACK OR BLUE INK, DO NOT USE PENCIL.**

Student's Name: Last		First		Middle Initial		ID# (Office use only.)	
Student's Address (include city):							Zip Code:
Student's Date of Birth:		Age:	Sex at Birth: <input type="checkbox"/> M <input type="checkbox"/> F		Ethnicity: <input type="checkbox"/> Hispanic or Latino		
		Gender Identity:		<input type="checkbox"/> Not Hispanic or Latino			
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> More than one race							
Student's Social Security Number:			School: <b>Youth Build Program</b>			Student's Grade: <b>N/A</b>	
Preferred Language:		Parent/Guardian Email:			Student's Cell Phone: ( )		
Name of Mother (include maiden name) or Legal Guardian:			Birthdate:	Home Phone: ( )		Cell Phone: ( )	
Name of Father or Legal Guardian:			Birthdate:	Home Phone: ( )		Cell Phone: ( )	
Head of Household:				Number of People in Home:		Household Income: \$ / year	
Emergency Contact:				Relationship:		Phone: ( )	
Student's Primary Care Physician: Please check if student does not have a Primary Care Provider <input type="checkbox"/>						Phone: ( )	
Name of Student's Dentist: Please check if student does not have a Dentist <input type="checkbox"/>						Phone: ( )	
Preferred Pharmacy: (Name and location)				Names of siblings enrolled in the same school:			
Please check the type of health insurance your child has:  <b>Please send a copy of insurance card (front and back) with this form.</b>		<input type="checkbox"/> Medicaid/Healthy Louisiana #: _____ (check one below) <input type="checkbox"/> Aetna Better Health <input type="checkbox"/> Amerigroup Real Solutions <input type="checkbox"/> AmeriHealth Caritas LA <input type="checkbox"/> LA Healthcare Connections <input type="checkbox"/> United HealthCare Community Plan <input type="checkbox"/> Medicaid (dental)#: _____ <input type="checkbox"/> No insurance <input type="checkbox"/> Private/Other Insurance Co. Name: _____ Co. Address: _____ Phone #: _____ Policy #: _____ Group#: _____ Effective Date: _____ Name of policy holder: _____ Relationship to student: _____ Policy holder date of birth: _____ Policy holder Social Security #: _____ Does your insurance pay for prescriptions? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No insurance, would you like information on no cost health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		Is your child allergic to any food or medicine? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list: 1. _____ 2. _____ 3. _____ 4. _____		List of current medications student is on with dosage (how much) and how often: Use separate sheet if necessary. 1. _____ 2. _____ 3. _____ 4. _____			

Office use only.

Student's Name: \_\_\_\_\_

2<sup>nd</sup> Identifier \_\_\_\_\_

**BY SIGNING THIS CONSENT, YOU ARE AGREEING TO ALLOW THE LICENSED MENTAL/BEHAVIORAL HEALTH PROFESSIONAL TO PROVIDE THE FOLLOWING SERVICES TO YOU/your child (if under 18):**

- ◆ Risk assessment, diagnostic, and other preventative mental health screenings
- ◆ Behavioral/mental health counseling services (including health education & prevention programs) which includes individual, family and group therapy as deemed appropriate and suitable for care
- ◆ case management ◆ referral and follow-up for behavioral health emergencies ◆ referral to specialty care

Is student currently being treated for behavioral health issues? \_\_\_ Yes \_\_\_ No. If so, please indicate the provider:

Please list any medical and/or mental health diagnoses the student may have. Also please note any specific concerns you have about the student's social/emotional/behavioral well-being in the home and/or school environment.

Louisiana Law R.S. 40:31.3 states that Health Centers in schools are prohibited from:

1. Counseling or advocating abortion or referral of any student to an organization for counseling or advocating abortion.
2. Distributing any contraceptive or abortifacient drug device, or similar product.

**ALL SERVICES ARE PROVIDED BY LICENSED PROFESSIONALS.**

I, as parent/guardian (or adult student), understand that the RKM Behavioral Health Program may bill Medicaid or other insurance providers for these services. I authorize/assign payments of authorized benefits directly to Primary Care Providers for a Healthy Felician, Inc.

We also understand that the RKM Behavioral Health program is operated by Primary Care Providers for a Healthy Felician, Inc., and its employees and contractors. Primary Care Providers for a Healthy Felician, Inc. is a nonprofit corporation which operates a network of Federally Qualified Health Centers. Primary Care Providers for a Healthy Felician, Inc. has partnered through a memorandum of understanding with the Quad Area CAA, Inc. Youth Build Program to provide mental/behavioral health services. Primary Care Providers for a Healthy Felician, Inc. and the FQHCs which they operate are governed by a 13-member board which is not under the governance of the Youth Build Program.

Confidentiality/Consent to Release Information: I consent to the exchange of relevant information between school staff and PCPFHF staff as needed for treatment purposes only. I understand that due to the highly confidential nature of services provided in the program, information will only be shared for safety and/or treatment purposes. Our Notice of Privacy Practices is available at [www.rkmcare.org](http://www.rkmcare.org). Should you need a paper copy, please contact our clinic and one will be provided.

I understand records may be accessed by medical providers with appropriate security clearance through the Louisiana Health Information Exchange (LaHIE).

I have read, understand, and authorize the services to be provided at the Youth Build Program. By signing this legal document, I acknowledge that I am the legal parent/guardian who is authorized to sign treatment/legal documents.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**If under age of 18, a parent/guardian must sign:**

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

This consent may be withdrawn or modified at any time with **written permission** of the parent/guardian and student to the entity referred to above. A duplicate copy of this document will be given to parents or guardians upon request.

# PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA

## (ALL CLINIC SITES)

### NOTICE OF PRIVACY PRACTICES

**PURPOSE:** This form, Notice of Privacy Practices, presents the information that federal law requires us to give our patients regarding our privacy practices.

We must provide this Notice to each patient beginning no later than the date of our first service delivery to the patient, including service delivered electronically, after September 23, 2013 we must make a good-faith attempt to obtain written acknowledgement of receipt of the Notice from the patient. We must also have the Notice available at the office for patients to request to take with them. We must post this Notice in our office in a clear and prominent location where it is reasonable to expect any patient seeking service from us to be able to read the Notice. Whenever the Notice is revised, we must make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice. We must also post the revised Notice in our office as discussed above.

---

I acknowledge receipt of the Notice of Privacy Practices:

\_\_\_\_\_  
**Patient's Name**

\_\_\_\_\_  
**Patient's Date of Birth**

\_\_\_\_\_  
**Patient/Guardian Signature**

\_\_\_\_\_  
**DATE**

#### Office Use Only

**I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:**

Date	Initials	Reason



## Quad YouthBuild AmeriCorps Application

By completing and submitting the following application to Quad YouthBuild, you are applying to. As an AmeriCorps member, you are joining an initiative that engages more than 85,000 individuals per year in community service. In return for their service, AmeriCorps members receive an Education Award that can be used to pay for college tuition or qualified student loans. *For more specific information about the position, please see attached Position Description.*

<b>Section 1: Applicant Information</b>			
Print Name:	Last	First	Middle Initial
Address (Street name and number)			Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
Do you have a HiSET/High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include school name and year obtained: _____		What type of slot are you applying for? (If applicable) <input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> RHT <input type="checkbox"/> QT <input type="checkbox"/> MT	
Are you currently employed and/or have been employed in the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please circle FT/PT and name of employer: _____			
What experience, if any, have you had served your community?    			

<b>Section 2: Personal Statements</b>
1. We would like to understand more about your reasons for applying to AmeriCorps. Take a few minutes to consider why you would like to become an AmeriCorps member and please share with us the answer to this question. If you need additional space, attach your answer on a separate piece of paper.

2. As a follow up to the question above, why should we select you to become an AmeriCorps member?

3. In your opinion, why is it important to serve your local community?

**Section 3: Certification**

*By signing this application, I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. Misinformation or omission of information could result in disqualification or termination as an AmeriCorps member. If I am selected for participation in this AmeriCorps programs, I may be required to submit to drug or alcohol testing. I also understand that my acceptance in AmeriCorps and at a service site is conditional upon clearing a National Sex Offender Public Website (NSOPW) check, a state criminal history check in Louisiana, and an FBI Criminal Background Check.*

Signature:

Date:

Print Name:

Last

First

Middle Initial

**Section 4: Parental Consent for Applicants Under the Age of 18 (if applicable)**

*I have reviewed this application and I authorize my son/daughter/legal ward to apply to AmeriCorps.*

Signature:

Date:

Relation to Applicant:

Print Name:

Last

First

Middle Initial

Address (Street name and number)

Phone Number

**QUARTER TIME MEMBER SERVICE AGREEMENT**  
**2023-2024**  
**Quad YouthBuild**  
**YouthBuild AmeriCorps Program**

**I. PURPOSE**

It is the purpose of this agreement to delineate the terms, conditions, and rules of membership regarding the participation of \_\_\_\_\_ (hereafter referred to as the “member”) in the Quad YouthBuild AmeriCorps Program (hereinafter referred to as the “Program”).

**II. MINIMUM QUALIFICATIONS**

The member certifies that he/she is a United States citizen, a United States national, or a lawful permanent resident alien and at least 17 years of age (or at least 16 years of age if the member is an out-of-school youth and a participant in one of two types of youth corps defined under the National and Community Service Act of 1990, as amended). By signing this contract, the member will also certify, under penalty of law, which she/he has a high school diploma or equivalency certificate or agrees to obtain one before using the education award. Additional eligibility requirement details can be found in [45 CFR §2522.200\(a\)](#). Additionally, the member acknowledges by signing the member service agreement he or she certifies under penalty of law that he or she meets the eligibility requirements as stated above in 45 CFR§2522.200(a).

**III. TERMS OF SERVICE**

A. The member’s term of service begins on \_\_\_\_\_ and ends on \_\_\_\_\_. The program and the member may agree, in writing, to extend this term of service for the following reasons:

1. The member’s service has been suspended due to compelling personal circumstances.
2. The member’s service has been terminated, but a grievance procedure has resulted in reinstatement.

**Upon program discretion, the member may also be exited with an award prior to the end date written above if the member has completed the required hours prior to the end date written above.**

B. The member will be serving as a quarter-time AmeriCorps member and will complete a minimum of **450** hours. Of these hours, no more than 20% may be training, education, or other similarly approved activities, and no more than 10% may be performing fundraising activities as described below.

The member understands and will adhere to the following restrictions regarding the raising of funds.

- a) AmeriCorps members may raise resources directly in support of your program's service activities.
- b) Examples of fundraising activities AmeriCorps members may perform include, but are not limited to, the following:
  - 1) Seeking donations of books from companies and individuals for a program in which volunteers teach children to read.
  - 2) Writing a grant proposal to a foundation to secure resources to support the training of volunteers.
  - 3) Securing supplies and equipment from the community to enable volunteers to help build houses for low-income individuals.
  - 4) Securing financial resources from the community to assist in launching or expanding a program that provides social services to the members of the community and is delivered, in whole or in part, through the members of a community-based organization.
  - 5) Seeking donations from alumni of the program for specific service projects being performed by current members.
- c) AmeriCorps members may not:
  - 1) Raise funds for living allowances or for an organization's general (as opposed to project) operating expenses or endowment.
  - 2) Write a grant application to the AmeriCorps or to any other Federal agency.

C. The member understands that to successfully complete the term of service (as defined by the program and consistent with regulations of AmeriCorps) and to be eligible for the education award, he/she must complete at least **450 hours** of service, satisfactorily complete pre-service training and the appropriate education/training that relates to the member's ability to perform service and complete all required service reports in a timely manner. The member must also complete all required paperwork and hour logs.

D. The member understands and agrees to the following restrictions regarding non-displacement and non-duplication:

- 1) Nonduplication. 45 CFR § 2540.100 (e)-(f) AmeriCorps assistance may not be used to duplicate an activity that is already available in the locality of a program. And, unless the requirements of paragraph (2) of this section are met, AmeriCorps assistance will not be provided to a private nonprofit entity to conduct activities that are the same or substantially equivalent to activities provided by a State or local government agency in which such entity resides.
- 2) No displacement. 45 CFR § 2520.40-.45 An employer may not displace an employee or position, including partial displacement such as reduction in hours, wages, or employment benefits, as a result of the use by such employer of a participant (i.e. AmeriCorps member) in a program receiving AmeriCorps assistance. A service opportunity will not be created under this chapter that will infringe in any manner on the promotional opportunity of an employed individual. The member may not perform any services or duties or engage in activities that would otherwise be performed by an employee as part of the assigned duties of such employee. The

member may not perform any services or duties, or engage in activities, that will supplant the hiring of employed workers or services, duties, or activities with respect to which an individual has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures. The member also may not perform services or duties that have been performed by or were assigned to any presently employed worker; employee who recently resigned or was discharged; employee who is subject to a reduction in force or who has recall rights pursuant to a collective bargaining agreement or applicable personnel procedures employee who is on leave (terminal, temporary, vacation, emergency, or sick); or employee who is on strike or who is being locked out.

E. The member understands that to be eligible to serve a second term of service the member must receive satisfactory performance reviews for any previous term of service. The member's eligibility for a second term of service with this program will be based on at least a mid-term and end-of-term evaluation of the member's performance focusing on factors such as whether the member has:

1. Completed the required number of hours;
2. Satisfactorily completed assignments, tasks, or projects; and
3. Met any other criteria that were clearly communicated both orally and in writing at the beginning of the term of service.

F. The member understands, however, that the mere eligibility for an additional term of service does not guarantee selection or placement.

#### **IV. POSITION DESCRIPTION**

A detailed description that outlines the specific types of duties, service activities and assignments that the member will be expected to complete or participate in during his/her term of service can be found in *ATTACHMENT A* at the end of this Member Contract. If the current position description must change due to the closing of service locations (e.g., the program building, schools, construction sites, etc.), due to COVID-19 service interruptions or national disaster relief, such changes will be detailed in *ATTACHMENT B* and will require the Member's signature.

The name of the member's direct supervisor is **Crystal Pena**.

#### **V. BENEFITS**

A. Upon successful completion of the member's term of service, the member will receive an education award from the National Service Trust. For successful completion of a quarter time term, the member will receive an education award in the amount of **\$1,824.07**.

1. If the member has not yet received a high school diploma or its equivalent (including an alternative diploma or certificate for individuals with learning disabilities), the member agrees to obtain a high school diploma or its equivalent before using the education award. This requirement can be waived if the member is enrolled in an institution of higher education on an ability to benefit basis or the program has waived this requirement due to the results of the member's education assessment.



2. The member understands that his or her failure to disclose to the program any history of having been released for cause from another AmeriCorps program will render him or her ineligible to receive the education award.

B. Upon enrollment and acceptance into the program, the member is eligible for forbearance of any qualified student loans.

C. If the member has received forbearance on a qualified student loan during the term of service, the National Service Trust will repay a portion or all of the interest that accrued on the loan during the term of service.

## VI. RULES OF CONDUCT

A. **Prohibited Activities.** While charging time to the AmeriCorps program, accumulating service or training hours, or otherwise performing activities supported by the AmeriCorps program or the AmeriCorps, members may not engage in the following **prohibited activities**:

1. Attempting to influence legislation.
2. Organizing or engaging in protests, petitions, boycotts, or strikes.
3. Assisting, promoting, or deterring union organizing.
4. Impairing existing contracts for services or collective bargaining agreements.
5. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office.
6. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials.
7. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization.
8. Providing a direct benefit to—
  - (i) A business organized for profit.
  - (ii) A labor union.
  - (iii) A partisan political organization.
  - (iv) A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 except that nothing in this section shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and
  - (v) An organization engaged in the religious activities described in paragraph (g) of this section, unless AmeriCorps assistance is not used to support those religious activities.
9. Conducting a voter registration drive or using AmeriCorps funds to conduct a voter registration drive.
10. Providing abortion services or referrals for receipt of such services; and
11. Such other activities as the AmeriCorps may prohibit.

In addition to the above activities, the below activities are additionally prohibited:

1. AmeriCorps members and volunteers associated with AmeriCorps grants may not engage in census activities during service hours. Being a census taker during service hours is categorically prohibited.
2. AmeriCorps member may not provide services for election or polling locations or in support of such activities.

Individuals may exercise their rights as private citizens and may participate in the activities listed above on their initiative, on non-AmeriCorps time, and using non-AmeriCorps funds. Individuals should not wear the AmeriCorps logo while doing so.

B. The member is expected to, always while acting in an official capacity as an AmeriCorps member:

Demonstrate mutual respect towards others.

1. Follow directions.
2. AmeriCorps members should wear an AmeriCorps logo daily; preferably clothing with the AmeriCorps logo, on every day on which any hours towards the term of service are earned.
3. Direct concerns, problems, and suggestions to Mrs. Pena, Program Director.

C. The member understands that the following acts also constitute a violation of the program's rules of conduct.

Unauthorized tardiness.

1. Unauthorized absences.
2. Repeated use of inappropriate language (i.e., profanity) at a service site.
3. Failure to wear appropriate clothing to service assignments, including the AmeriCorps logo.
4. Stealing or lying.
5. \*\*Engaging in any activity that may physically or emotionally damage other members of the program or people in the community.
6. \*\*Unlawful manufacture, distribution, dispensation, possession or use of any controlled substance or illegal drugs during the term of service.
7. \*\*Consuming alcoholic beverages during the performance of service activities.
8. \*\*Being under the influence of alcohol or any illegal drugs during the performance of service activities.
9. \*\*Failing to notify the program of any criminal arrest or conviction that occurs during the term of service.

D. **Drug Free Workplace Act.** Under the **Drug-Free Workplace Act** the unlawful manufacturing, distribution, dispensation, possession, or use of a controlled substance is prohibited while serving as an AmeriCorps member. As a condition of AmeriCorps service, the member must notify the program director of any conviction under a criminal drug statute no later than 5 days after such a conviction. Specific actions will be taken against members for violations of this prohibition, including personnel actions up to and including termination, and/or the requirement to satisfactorily participate in a drug abuse assistance or rehabilitation program. More specific details about the action programs must take for drug violations can be found in 45 CFR §2522.230.

**E. Consequences.** In general, for violating the above stated rules in section VI(C), the program will do the following (except in cases where during the term of service the member has been charged with or convicted of a violent felony, possession, sale or distribution of a controlled substance):

1. For the member's first offense, an appropriate program official will issue a verbal warning to the member.
2. For the member's second offense, an appropriate program official will issue a written warning and reprimand the member.
3. For the member's third offense, the member may be suspended for one day or more without compensation and will not receive credit for any service hours missed.
4. For the fourth offense, the program may release the member for cause.

F. The member understands that he/she will be either suspended or released for cause in accordance with paragraphs (B), (C), and (F) of section VII of this agreement for committing certain acts during the term of service including but not limited to being convicted or charged with a violent felony, possession, sale, or distribution of a controlled substance.

**VII. RELEASE FROM TERMS OF SERVICE 45 CFR §2522.230**

A. The member may be released by the Program from the term of service in the following two ways:

1. Suspension, as described in paragraphs (F) of this section; or,
2. Termination.

B. The member understands that he/she may be released for the following two reasons:

1. For cause, as explained in paragraph (C) of this section; or
2. For compelling personal circumstances as defined in paragraph (F) of this section.

C. The program will release the member for cause for the following reasons:

1. The member has dropped out of the program without obtaining a release for compelling personal circumstances from the appropriate program official.
2. During the term of service, the member has been convicted of a violent felony or the sale or distribution of a controlled substance.
3. The member has committed a fourth offense in accordance with paragraph (E) of section VI of this agreement.
4. The member has committed any of the offenses listed in; or
5. Any other serious breach that in the judgment of the director of the Program would undermine the effectiveness of the program.

D. The Program may release the member from the term of service for compelling personal circumstances if the member demonstrates that:

1. The member has a disability or serious illness that makes completing the term impossible.
2. There is a serious injury, illness, or death of a family member which makes completing the term unreasonably difficult or impossible for the member.
3. The members have military service obligations.

4. The member has accepted an opportunity to make the transition from welfare to work; or
5. Some other unforeseeable circumstance beyond the member's control makes it impossible or unreasonably difficult for the member to complete the term of service, such as a natural disaster, a strike, relocation of a spouse, or the non-renewal or premature closing of a project or the program.

E. Compelling personal circumstances do not include leaving the Program:

1. To enroll in school
2. Because of dissatisfaction with the program.

F. The Program may suspend the member's term of service for the following reasons:

1. During the term the Member requests a suspension based on compelling personal circumstances, as described in paragraph (D) of this section. During the suspension from service, the member will not receive credit for service hours or benefits (as described in Section V). The member may resume his or her term of service once the circumstances supporting the suspension have been resolved. However, a suspension may last no more than two years from the date of suspension. If the member does not resume the term within the two-year period, the member may request that the program exit the member and the member will be eligible for a partial education award based on the number of hours served in the term.
2. During the term of service, the member has been charged with a violent felony or the sale or distribution of a controlled substance. (If the member is found not guilty or the charge is dismissed, the member may resume his/her term of service. The member, however, will not receive back living allowances or credit for any service hours missed.)
3. During the term of service, the member has been convicted of a first offense of possession of a controlled substance. (If, however, the member demonstrates enrollment in an approved drug rehabilitation program, the member may resume the term of service. The member will not receive back living allowances or credit for any service hours missed.)

G. The program may suspend the member's term of service for violating the rule of conduct provisions set forth in paragraph (C) of section VI of this agreement.

H. If the program releases the member for cause or for compelling personal circumstance, the member will cease to receive the benefits described in paragraph (C) of section V.

I. If the program releases the member for cause the member will receive no portion of the education award. If, however, the program releases the member for compelling personal circumstances, the member will receive a prorated education award, provided the member has completed at least 15 percent of the hours needed to complete the term of service.

J. A term that ends early, either for cause, or for compelling personal circumstances, is still considered a term and will count toward the total number of terms an individual may serve with AmeriCorps and the education award that the member receives, or would have been

eligible to receive, will count towards the total of up to two full time education awards an individual may receive through service with AmeriCorps.

## **VIII. GRIEVANCE PROCEDURES**

A. The member understands that the Program has a grievance procedure to resolve disputes concerning the member's suspension, dismissal, service evaluation or proposed service assignment.

B. The member understands that, as a participant of the program, he/she may file a grievance in accordance with the Program's grievance procedure.

C. In the event that informal efforts to resolve disputes are unsuccessful, AmeriCorps members, labor unions, and other interested individuals may seek resolution through the following grievance procedures. These procedures are intended to apply to service-related issues, such as assignments, evaluations, suspensions, or release for cause, as well as issues related to non-selection of members, and displacement of employees, or duplication of activities by AmeriCorps.

### **1. OPTIONAL ALTERNATIVE DISPUTE RESOLUTION (ADR):**

ADR is available, but must be selected within 45 days of the underlying dispute. If an aggrieved party chooses ADR as a first option, a neutral party designated by the program will attempt to facilitate a mutually agreeable resolution. The neutral party must not have participated in any previous decisions concerning the issue in dispute. ADR is confidential, non-binding, and informal. No communications or proceedings of ADR may be referred to at the grievance hearing or arbitration stages. The neutral party may not participate in subsequent proceedings. If ADR is chosen by the aggrieved party, the deadlines for convening a hearing and of a hearing decision, 30 and 60 days respectively, are held in abeyance until the conclusion of ADR. At the initial session of ADR, the neutral party must provide written notice to the aggrieved party of his or her right to request a hearing, right to file a grievance, and right to arbitration. If ADR does not resolve the matter within 30 calendar days, the neutral party must again notify the aggrieved party in writing of his or her right to request a hearing. At any time, the aggrieved party may decline ADR and proceed directly to the hearing process. If the ADR resolves the matter, the terms of the resolution will be recorded in a written agreement and the party will agree to forgo filing further grievance on the matter under consideration.

2. **GRIEVANCE HEARING:** An aggrieved party may request a grievance hearing without participating in ADR or, if ADR is selected, if it fails to result in a mutually agreeable resolution. The aggrieved party should make a written request for a hearing to Mrs. Pena. A request for a hearing must be made within one year after the date of the alleged occurrence. At the time a request for a hearing is made, the program should make available to the aggrieved party information that it relied upon in its disciplinary decision. The program will arrange for one or more pre-hearing conferences at a time mutually convenient to the parties. Pre-hearing conferences are not a substitute for a hearing. They are intended to facilitate a mutually agreeable resolution of the matter to make a hearing unnecessary or to narrow the issues to be decided at the hearing. The format of the pre-hearing conference may be flexible, involving meetings with one

party at a time and/or with both parties together. Pre-hearing conferences are conducted by Mrs. Berthelot. The hearing will be conducted by Mrs. Pena. The person conducting the hearing may not have participated in any previous decisions concerning the issue in dispute. A hearing must be held no later than 30 calendar days after the filing of the grievance, and a written decision must be made no later than 60 calendar days after filing. If the grievance is regarding a service assignment, the assignment will not be made unless it is consistent with the resolution of the grievance.

- BINDING ARBITRATION:** An aggrieved party may request binding arbitration if a grievance hearing decision is adverse or if no decision is made within 60 days of the filing of the grievance. The arbitrator must be independent and selected by agreement of the parties. If the parties cannot agree on an arbitrator, the AmeriCorps's Chief Executive Officer will appoint one within 15 calendar days after receiving a request from one of the parties. An arbitration proceeding will be held no later than 45 calendar days after the request for arbitration, or no later than 30 calendar days after the appointment of an arbitrator by the AmeriCorps's CEO. An arbitration decision will be made no later than 30 calendar days after the commencement of the arbitration proceeding. The cost of arbitration will be divided evenly between the parties, unless the aggrieved party prevails, in which case the program will pay the total cost of the proceeding as well as the prevailing party's attorneys' fees.

## **IX. CIVIL RIGHTS AND NON-DISCRIMINATION POLICY**

A person, including a member, a community beneficiary, a service recipient, or program staff, may not, on the grounds of race, color, national origin, sex, orientation, age, political affiliation, disability, or, in most cases, religion (except as noted below) be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination, directly or through contractual or other arrangements, under any program or activity receiving federal financial assistance. The prohibition on discrimination on the basis of disability protects otherwise qualified individuals with disabilities. The prohibition against discrimination based on religion with respect to program staff applies only to program staff paid with AmeriCorps funds but excludes staff paid with AmeriCorps funds who were employed by the grantee on the date the AmeriCorps grant was awarded.

It is also unlawful to retaliate against any person who, or organization that, files a complaint about such discrimination. In addition to filing a complaint with local and state agencies that are responsible for resolving discrimination complaints, you may bring a complaint to the attention of AmeriCorps. **If you believe that you or others have been discriminated against, or if you want more information, contact:** YouthBuild USA in Roxbury, MA at [americorps@youthbuild.org](mailto:americorps@youthbuild.org).

## **X. MEMBER MEDIA RELEASE**

By signing this form, the member agrees with the following:

I would be pleased to have my photo, quotes and stories used on behalf of YouthBuild and AmeriCorps in publications, promotional items, media relations and on the Web site. If possible, I would like to receive copies of documents that have media related to me in them.

## **XI. CRIMINAL HISTORY CONSENT**

- A. If 18 years of age or older at time of enrollment, the member authorizes the program to perform a criminal history check to determine if he/she meets the eligibility requirements of CNCS and the program for this AmeriCorps position. The information reviewed from this check will include but not be limited to allegations and convictions for crimes committed and will be gathered to the extent permitted by state and federal law. The results of these checks will be kept confidential and in a secure location. The member will have an opportunity to review and challenge the factual accuracy of the report before action is taken to exclude him/her from the position.
  
- B. This criminal history check will consist of the following:
  - A check of the Bureau of Criminal Investigation and Identification for the state of Louisiana and, if different, for the state in which I reside/resided at the time of application,
  - A National Sex Offender Public Website (NSOPW) check and
  - A fingerprint-based FBI records check.
  
- C. As an applicant for an AmeriCorps member position, the member understands and acknowledges that acceptance as an AmeriCorps member is contingent upon the organization's review of one's criminal history and that **refusal** to consent to the above checks makes the member ineligible to serve. In addition:
  - Anyone listed or required to be listed on a sex offender registry/website is ineligible to serve.
  - Anyone convicted of murder is ineligible to serve.

**XII. AMENDMENTS TO THIS AGREEMENT**

This agreement may be changed or revised only by written consent by both parties.

**XIII. AUTHORIZATION**

The member and program hereby acknowledge by their signatures that they have read, understand, and agree to all terms and conditions of this agreement. (If the member is under the age of 18 years old, the member's parent or legal guardian must also sign.) By signing this contract, the member will also certify, under penalty of law, that she/he has a high school diploma or equivalency certificate or agrees to obtain one before using the education award.

\_\_\_\_\_  
AmeriCorps Member Name Printed

\_\_\_\_\_  
AmeriCorps Staff Member Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**If member is under 18 years of age:**

I, the undersigned parent/guardian of \_\_\_\_\_ understand the responsibilities and benefits associated with AmeriCorps as written in this member service agreement. I authorize my son/daughter/legal ward to participate in AmeriCorps including educational, training and service-related activities provided by the AmeriCorps program.

I authorize the exchange of information between the AmeriCorps sponsor, **Quad YouthBuild** and the AmeriCorps for National and Community Service which is relevant to successful participation in the AmeriCorps program.

I grant permission for the AmeriCorps sponsor to provide or arrange the necessary medical assistance for my son/daughter/legal ward if I cannot be immediately reached in the event of an accident or illness. I have listed any illnesses, allergies, medical conditions, or disabilities that might affect participation in the AmeriCorps program or require medical attention.

Illness/allergies/medical conditions: \_\_\_\_\_

---

Name of Parent or Guardian (print): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Tel. Number: \_\_\_\_\_

Evening Tel. Number: \_\_\_\_\_



## **ATTACHMENT A:** **2023-24 YouthBuild AmeriCorps Member Service Description** **Construction**

### **A YouthBuild AmeriCorps member has three main responsibilities:**

- (1) To participate in construction training and serve on a construction site to help rebuild our community,
- (2) To attend academic classes to obtain a high school diploma or GED
- (3) To participate in activities and community service projects to learn the skills necessary to become an active leader in our community. At all times a YouthBuild AmeriCorps member demonstrates a commitment to service, education, responsibility, and community.

### **QUALIFICATIONS**

- Between the ages of 16 and 24
- Be a US citizen, US National, or lawful permanent resident of the United States
- Demonstrate commitment to making positive changes in life
- Interest in becoming a leader and helping to improve the community
- Adhere to the policies related to the Drug free Workplace Act

### **BENEFITS**

- The YouthBuild AmeriCorps member will receive an education award in the amount of Quarter-Time (QT), **\$ 1,824.07**, upon satisfactory completion of the YouthBuild AmeriCorps program.
- Skill Development in the areas of
  - Community Strengthening
  - Employment and career choices
  - Networking for future opportunities
- Increased awareness of public service

### **SUPERVISION**

- On the service-site, the AmeriCorps member will receive direct supervision from the Construction Manager, Mathew Baranowsky.
- While participating in educational activities, the AmeriCorps members will receive direct supervision from the Vocational Education Instructor, the Academic Instructor and the YouthBuild Program Coordinator.

### **AMERICORPS ACTIVITIES** – *Service activities may include, but are not limited to, the following:*

- Service with other YouthBuild AmeriCorps members to build and/or renovate housing units for low-income and/or homeless families

- Assistance with the planning and/or implementation of a project on a designated National Day of Service such as September 11<sup>th</sup> National Day of Service & Remembrance, Martin Luther King, Jr. Day; Global Youth Service Day and AmeriCorps Week
- Participation in academic and vocational classes
- Development of a personal educational plan and follow through in accomplishing goals to attain GED or HSD as well as post-secondary education and other professional development
- Assist with the recruitment, training, and/or management of non-AmeriCorps volunteers for community service projects, such as community clean-ups, food drives, recycling drives, etc.

### **POSITION STANDARDS**

No prior experience or knowledge of construction necessary.

Each YouthBuild AmeriCorps member must have the ability to:

- Work and serve outdoors six to eight hours a day exposed to stormy weather, dust and construction site hazards.
- Develop and maintain physical fitness, stamina, and the ability to do strenuous labor, including lifting.
- Accept responsibility and be willing to act as a leader within YouthBuild and your community
- Accept supervision, follow instructions, and adhere to safety procedures
- Develop good study and work habits
- Demonstrate punctuality and dependability
- Serve in a team environment with people of different ethnicity, gender, and backgrounds
- Communicate effectively with peers and staff

**NOTICE OF CIVIL RIGHTS:** A person, including a member, a community beneficiary, a service recipient, or program staff, may not, on the grounds of race, color, national origin, sex, orientation, age, political affiliation, disability, or, in most cases, religion (except as noted below) be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination, directly or through contractual or other arrangements, under any program or activity receiving federal financial assistance.

If you believe that you or others have been discriminated against, or if you want more information, contact YouthBuild USA in Roxbury, MA at [americorps@youthbuild.org](mailto:americorps@youthbuild.org).

***Every effort shall be made to grant reasonable accommodation for qualified people with disabilities to participate in this AmeriCorps program.***

# APPLICATION FOR SHARE ACCOUNT



You must meet the required minimum balance for each savings-type account you open. For more information, visit us online or call our Personal Assistance Line.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **You must attach a clear copy of your CURRENT DRIVER'S LICENSE or a valid state ID when you return this form to La Cap. Don't forget to attach your Direct Deposit or Payroll Deduction Form.**

Our Routing Number: 265473582

<input checked="" type="checkbox"/> <b>I WOULD LIKE TO OPEN:</b>						<input type="checkbox"/> REGULAR SAVINGS <input type="checkbox"/> SPECIAL SAVINGS <input type="checkbox"/> ELITE SAVER <input type="checkbox"/> CHRISTMAS CLUB <input type="checkbox"/> VACATION CLUB <input type="checkbox"/> YOUTH SAVINGS <input type="checkbox"/> SHARE CERTIFICATE <input type="checkbox"/> OPPORTUNITY CHECKING <input type="checkbox"/> INDIVIDUAL RETIREMENT ACCOUNT (IRA) <input type="checkbox"/> LIQUID ASSETS CHECKING <input type="checkbox"/> SIMPLE CHECKING <input type="checkbox"/> SIMPLE CHECKING WITH BAZING <input type="checkbox"/> CHOICE CHECKING <input type="checkbox"/> CHOICE CHECKING WITH BAZING					
NAME (FIRST)		MI	LAST		SUFFIX	DATE OF BIRTH (MO., DAY, YR)		SOCIAL SECURITY NO.			
CURRENT HOME ADDRESS <small>CANNOT BE A POST OFFICE BOX</small>			(STREET)	CITY		STATE	ZIP CODE)		HOME PHONE ( )		
MAILING ADDRESS <small>IF DIFFERENT FROM ABOVE ADDRESS</small>			(STREET)	CITY		STATE	ZIP CODE)		CELL PHONE ( )		
E-MAIL ADDRESS					DRIVER'S LICENSE #		STATE				
EMPLOYER				DIVISION			DATE EMPLOYED ( )				
HAVE YOU EVER BEEN A MEMBER OF LA CAPITOL FEDERAL CREDIT UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO					PREFERRED METHOD OF CONTACT		OFFICE PHONE ( )				
MOTHER'S MAIDEN NAME					GROSS INCOME / FREQUENCY \$						

<input checked="" type="checkbox"/> <b>IF YOU'RE ELIGIBLE FOR MEMBERSHIP AS A RELATIVE TO A LA CAP MEMBER, COMPLETE THE FOLLOWING ON THAT MEMBER:</b>	
LA CAP MEMBER'S NAME YOU'RE RELATED TO	
THIS MEMBER'S EMPLOYER	DIVISION
THIS MEMBER'S SOCIAL SECURITY #	YOUR RELATIONSHIP TO THIS MEMBER

<input checked="" type="checkbox"/> <b>TAXPAYER IDENTIFICATION NUMBER AND BACK-UP WITHHOLDING</b>	
<b>Taxpayer Identification/Social Security Number (Required)</b> _____	
Under the penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number, (or I am waiting for a number to be issued to me), and 2. I am not subject to back-up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to back-up withholding and 3. I am a U.S. person (including a U.S. resident alien). <b>The IRS does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.</b>	

**JOINT SAVINGS ACCOUNT AGREEMENT** A copy of each Joint Owner's current Driver's License or a valid state ID MUST be provided when you return this form to La Cap.

JOINT OWNER (1)			SOCIAL SECURITY NO.		DATE OF BIRTH (MO., DAY, YR)	
CURRENT HOME ADDRESS (STREET)			CITY	STATE	ZIP CODE)	DRIVER'S LICENSE # STATE
EMAIL ADDRESS			HOME PHONE ( )		CELL PHONE ( )	
JOINT OWNER (2)			SOCIAL SECURITY NO.		DATE OF BIRTH (MO., DAY, YR)	
CURRENT HOME ADDRESS (STREET)			CITY	STATE	ZIP CODE)	DRIVER'S LICENSE # STATE
EMAIL ADDRESS			HOME PHONE ( )		CELL PHONE ( )	

**Regular, Special, and Share Certificate Accounts**  
 I would like for my  Regular  Special  Elite Saver  Christmas  Vacation  Youth  Share Certificate account(s)  Checking with La Capitol Federal Credit Union to have a joint owner and understand that the La Capitol Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now, heretofore or hereafter paid in on shares by any or all of said joint owners with all accumulation thereon, are and shall be owned by them jointly, and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said Credit Union which shall not affect transactions theretofore made.

<input checked="" type="checkbox"/> <b>SIGNATURE</b>	
I hereby make application for membership in the La Capitol Federal Credit Union and agree to conform to its bylaws and amendments thereof and subscribe for at least one share. This account is non-transferable. By signing below, I authorize La Capitol FCU to pull my credit report for the verification of the information on this request and offer other products.	
SIGNATURE OF MEMBER <b>X</b>	DATE
SIGNATURE OF JOINT OWNER (1) <b>X</b>	DATE <input type="checkbox"/> JOINT CARD
SIGNATURE OF JOINT OWNER (2) <b>X</b>	DATE <input type="checkbox"/> JOINT CARD

LA CAP USE ONLY: Member # _____ Eligibility # _____ Branch Code _____ Suffix _____
Membership Officer _____ Date _____ Verified by _____ Suffix _____
New Member Packet: <input type="checkbox"/> Electronic <input type="checkbox"/> In Person <input type="checkbox"/> Mailed      Credit Score _____ Suffix _____

## CHECKING ACCOUNT AGREEMENT

P.O. BOX 3398, BATON ROUGE, LA 70821-3398 • www.lacapfcu.org • 800-522-2748 • 225-342-5055

You hereby authorize La Capitol FCU (La Cap) to establish a checking account in your name subject to the following terms and conditions:

### 1. Payment of Checks and Other Debit Items

La Cap agrees to pay all properly payable items including checks bearing your signature or facsimiles thereof and to pay electronic debits and/or automatic drafts properly authorized by you. You hereby authorize La Cap to charge such payments and any applicable fees against your account.

### 2. Stale-Dated Checks

La Cap has no obligation to honor a check, other than one which has been certified, which is presented more than six (6) months after its date, but we may charge your account for a payment made thereafter in good faith.

### 3. Post-Dated Checks

You agree not to date a check later than the day you write it. If you do write a postdated check and it is presented for payment prior to its written date, La Cap will not be responsible for paying it prior to the written date and may charge your account for the amount of the check.

### 4. Overdrafts

If you write a check or initiate a debit item for more funds than you have in your account, you will be deemed to be overdrawn and we may refuse to honor the check or other debit item and return it as unpaid due to nonsufficient funds (NSF). Honoring such an overdraft on one or more occasions does not obligate La Cap to do so again in the future.

La Cap may close your account if you incur three(3) or more NSF checks or other debit items, or if you repeatedly deposit items returned unpaid, or if you fail to cover a negative balance promptly, or if you use the account improperly or in a manner likely to cause a loss to La Cap.

### 5. Provisional Credit

All non-cash items credited to your account are provisional and subject to final payment.

### 6. Stop Payments

La Cap agrees to stop payment on a check or checks, or other debit item, drawn on this account on which a correct and timely stop payment order has been placed. A stop-payment order must be given in the manner required by law and must be received in time to give us a reasonable opportunity to act on it before our stop-payment cutoff time. Our stop-payment cutoff time is one hour after the opening of the next banking day after the banking day on which we receive the item. Additional limitations on our obligation to stop payment are provided by law. A stop-payment order must precisely identify the number, date, and amount of the item, and the payee. We will honor a stop-payment request by the person who signed the particular item, and, by any other person, even though such other person did not sign the item, if such other person has an equal or greater right to withdraw from this account than the person who signed the item in question. An oral stop payment notice expires after 14 calendar days unless confirmed in writing. A written stop payment notice on a paper check expires after 6 (six) months and must be renewed in writing. A written stop payment notice on an electronic item does not have an expiration date and will remain in effect indefinitely. Stops can be removed from the system upon request in writing. A release of stop-payment request may be made only by the person who initiated the stop payment.

### 7. Periodic Statements

You agree to exercise reasonable care and promptness in reviewing your periodic statement. If you discover any error or irregularity, you agree to notify us promptly after any such discovery. Otherwise, the statement as printed and/or received, will be deemed to be correct. You further agree that La Cap will not be liable for paying such items if you did not exercise reasonable care in examining your periodic statement or you have not reported the error or irregularity to La Cap within thirty (30) days of when the statement is first made available to you.

### 8. Liability for Negative or Overdrawn Balances

You agree to be liable for any negative balances as well as any costs incurred by La Cap in collecting said negative balance, such as attorneys fees, court costs, etc., to the extent permitted by law.

### 9. Authority to Correct Direct Deposit Errors

La Cap will make available receipt of direct deposit services for federal recurring payments to this account and/or receipt of other payments/deposits to you which may be made by way of direct deposit. You authorize La Cap to deduct from this account, or any La Cap account(s) of which you may be an owner, the amount of any funds improperly deposited into this account by way of a federal direct deposit program or by way of any other direct deposit program which you may choose to use.

### 10. Joint Owners

La Cap is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for this account. These joint owners hereby agree with each other and with La Cap that all sums deposited to account are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge La Cap from any liability for such payment. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right or authority of La Cap under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to La Cap which shall not affect transactions theretofore made.

**11. Authority to Change Account Type**

You agree that if the terms and conditions required on the checking account you have chosen are not met on a regular basis, La Cap reserves the right to change the account type to Simple Checking.

**12. Printed Checks**

You agree to use only blank checks and other methods approved by La Cap to withdraw funds from your account. Caution: Checks printed by suppliers other than La Cap's authorized check printer may be of inferior quality, with the MICR line causing them to be rejected during processing and thereby incurring a \$5.00 charge per item. It is your responsibility to destroy old checks if your account number changes for any reason. You can avoid this charge by destroying all old checks that contain incorrect information. Only checks that contain correct MICR information will post to the account WITHOUT the \$5.00 fee getting assessed.

**13. Right To Repayment of Indebtedness**

You each agree that La Cap may (without prior notice and when permitted by law) charge against and deduct from this account any amount due and payable debt owed to La Cap now or in the future, by any of the undersigned having the right of withdrawal, to the extent of such persons' or legal entity's right to withdraw.

**14. Fees & Charges**

Please refer to our Common Features for a schedule of fees to determine the fees applicable to your account.

**15. Authority To Amend**

You authorize La Cap to amend the terms of this agreement, including fee amounts and/or types of fees, from time to time as deemed necessary by La Cap. La Cap will provide reasonable prior notice of any such amendment to the terms of this agreement if the change could adversely affect you, at which time you may choose to close this account.

*I, the undersigned, do hereby acknowledge receipt of a copy of this agreement and the disclosure brochure "Important Information About Share Accounts." I, the undersigned, do hereby agree to the terms and conditions contained in this agreement and to the terms and conditions for this account given in the brochure "Important Information About Share Accounts."*

Date: \_\_\_\_\_

Member-Owner: X \_\_\_\_\_  
*Print Name*

Member Number: \_\_\_\_\_

X \_\_\_\_\_  
*Signature*

Joint-Owner: X \_\_\_\_\_

Joint-Owner: X \_\_\_\_\_

FOR LA CAP USE ONLY:

2-digit account number: \_\_\_\_\_

# Parental Guarantee of a Minor Account



P.O. BOX 3398, BATON ROUGE, LA 70821-3398 • PHONE: 800-522-2748 or 225-342-5055 • FAX: 800-297-2717 or 225-342-9135 • WWW.LACAPFCU.ORG

I, \_\_\_\_\_, the undersigned, request La Capitol Federal Credit Union to permit \_\_\_\_\_, a minor and my son/daughter, to establish and maintain an account with La Capitol Federal Credit Union, and in consideration of doing so, the undersigned hereby agrees to hold your institution harmless and indemnified from and against any and all loss, costs, damage, and expense, including court costs and attorney's fees you may sustain by virtue hereof. I also request La Capitol Federal Credit Union to consider actions by \_\_\_\_\_ to be one and the same as actions taken by myself as it relates to this account and further agree to accept all responsibility for all actions taken or made, with or without my previous consent and/or knowledge by \_\_\_\_\_ as it relates to any and all account activity including ATM and debit card usage on account number \_\_\_\_\_.

It is understood, but not by way of limitation, that this indemnity shall cover the deposit of or negotiation of any and all checks or other instruments for the payment of money by my son/daughter, \_\_\_\_\_.

In the event that you should, in your sole discretion, permit my son/daughter to create an overdraft in this account, I guarantee the repayment thereof, and it is further understood that you are authorized to charge my account in the event any liability should accrue against me by virtue of the undertakings contained in this letter, or otherwise, for the purpose of satisfying such liability.

X  
\_\_\_\_\_  
Parent or Legal Guardian (Signature)

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Witness (Signature)

X  
\_\_\_\_\_  
Witness (Signature)