



# PHLEBOTOMY

## Enrollment Packet

Along with your application,  
please provide copies of:

-current tax transcripts  
(If you are under the age of 24,  
we must also have your  
parent's tax transcripts.)

-a copy of your current SNAP  
letter if applicable



SOUTHSIDE VIRGINIA COMMUNITY COLLEGE  
— WORKFORCE DEVELOPMENT —



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— WORKFORCE DEVELOPMENT —

## Phlebotomy Required Forms

- Non-Credit Application
- Domicile Form - Must be turned in before you are enrolled in the class.
- Fantic and Fast Forward Forms
- Student Record and Insurance Release
- Official Tax Transcripts - You may obtain these by visiting:  
<https://www.irs.gov/individuals/get-transcript>
- If you are a benefit for SNAP or TANF, we will need a copy of your current approval letter.
- Copy of your driver's license.

## Test and Shots Required

Documented proof will need to be submitted for enrollment into the class.

COVID Vaccine - **1st and 2nd primary doses completed.** Farmville Class Only

Hepatitis B (3)

MMR {2} {Measles, Mumps, Rubella)

Varicella (2) {Chicken Pox)

TB test (PPD) less than a year old

Flu Vaccine less than a year old

***If shots and paperwork are not completed you will not be able to enroll in this class.***



109 Campus Drive - Alberta, VA 23821 | Telephone: (434) 949-1026 Fax: (434) 949-0107  
200 Daniel Road - Keysville, VA 23947 | Telephone: (434) 736-2008 Fax: (434) 736-2082

**WORKFORCE PROGRAM APPLICATION**

Have you ever applied to any Virginia Community College?  Yes  No If yes, most recent year: \_\_\_\_\_

**Interested Program of Study:** \_\_\_\_\_ **Location:** \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or SVCC or VCCS STUDENT ID \_\_\_\_\_

DPOR License # (Tradesman Classes only) \_\_\_\_\_

Applicant Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Maiden: \_\_\_\_\_ PREFIX: Mr. | Miss | Ms. | Mrs. | Other SUFFIX: Jr. | Sr. | II | III | Other

Street Address/PO BOX: \_\_\_\_\_

Town/City: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(Home) (Work) (Cell)

Email Address \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ GENDER: Male  Female  Other  Prefer not to answer   
Month (00) Day (00) Year (0000)

**Are you Hispanic or Latino/a?** Yes  No  Prefer not to answer

**Racial / Ethnic Group:**  American Indian or Alaskan Native  
 Asian  
 Black/African American  
 Native Hawaiian/Other Pacific Islander  
 Hispanic/Latino  
 White  
 Prefer not to answer

**Are you a U.S. Citizen?**  Yes  No - If no, please answer the following questions:

What is your current status?

Native (U.S. citizen at birth)  Naturalized (became U.S. citizen after birth)  Permanent Resident of the U.S.

What is your Country of Citizenship? \_\_\_\_\_

What is your current immigration status with the U.S.?

Not in U.S. - I am requesting \_\_\_\_\_ visa status

Currently in the U.S. as a Non-Immigrant

Permanent Status:  Resident Alien  Asylum  Refugee A# (number) if any: \_\_\_\_\_

Temporary Status: Specify visa type \_\_\_\_\_ and Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you requesting a change of status to an F-1 or M-1 visa? ( ) yes ( ) no



**Military Information:**

I never served in U.S Military  
 My Spouse has served in the U.S. Military  
 I am the dependent of someone who has served in the U.S. Military  
 I have served in the U.S. Military - What is your current military status? \_\_\_\_\_ (active/inactive/retired)  
 Branch: \_\_\_\_\_  
 What date did you enter the military? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Have you lived in Virginia for the past 12 months?  Yes  No If no, where did you live? \_\_\_\_\_

If you live in Virginia, please provide your City or County Residence: \_\_\_\_\_

If you live outside of Virginia, please provide the State and/or Country of Residence: \_\_\_\_\_

Do you have a High School Diploma or GED?  Yes  No

If yes, which High School did you graduate from? \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Not currently enrolled in an Associates or Bachelor's degree program: Not enrolled  Enrolled

I am in compliance with the Selective Service Act requirement:  YES  NO

**Please access, print and attach your verification: [www.sss.gov/verify/](http://www.sss.gov/verify/)**

Employer's Name: \_\_\_\_\_

By signing this form, I agree to provide a copy of the credential awarded upon the completion of all required coursework and/or certification test. I certify that the information in this application is true and complete to the best of my knowledge and, if I later determine any information in this application to be represented incorrectly, I will contact the Workforce Office.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For SVCC Staff Only - Registration Payment**

Method of Payment (Please Circle): Cash Check Money Order VISA MasterCard

Bank Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Holder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Note: Form may be copied or duplicated as needed Revised: 12/2020

Additional Information:

\_\_\_\_\_  
 \_\_\_\_\_

# DOMICILE DETERMINATION FORM



All students taking credit classes must complete the Domicile Determination Form.

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Please contact the college admissions office if you have any questions.

Mark the domicile category that applies to you below from choices 1-6. Choose only one category.

- 1. Self: I am age 24 or older and want to claim eligibility based on my own domicile.
- 2. Self: I am under age 24 and want to claim eligibility based on my own domicile for the following reason(s):
  - I am a veteran or active duty member of the U.S. Armed Forces.
  - Both of my parents are deceased and I have no adoptive or legal guardian.
  - I have legal dependents other than my spouse.
  - I am financially self-sufficient.
  - I am a ward of the court or was a ward of the court until age 18.
  - I have a bachelor's degree and I am working on a graduate degree.
  - I am married.

- 3. Spouse: I am age 24 or older and want to claim eligibility for in-state tuition based on my spouse's domicile.
- 4. Spouse: I am under age 24 and I want to claim eligibility for in-state tuition based on my spouse's domicile.
- 5. Parent: I am under age 24 and my parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.
- 6. Legal Guardian: I am under age 24 and my court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.

You may be required to supply "clear and convincing evidence" of your status.

If you marked box 1 or 2, please complete Section A below.

If you marked box 3, 4, 5, or 6, please complete Section B below.

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>1. Applicant's Name: _____  <span style="margin-left: 100px;">First</span>      <span style="margin-left: 100px;">Middle (Full)</span>      <span style="margin-left: 100px;">Last</span></p> <p>Date of birth: _____  <span style="margin-left: 100px;">(mm)</span>      <span style="margin-left: 100px;">(dd)</span>      <span style="margin-left: 100px;">(yy)</span></p>	<p>1. Provide the name of the person upon whom you are basing your domicile: _____  <span style="margin-left: 100px;">First</span>      <span style="margin-left: 100px;">Middle (Full)</span>      <span style="margin-left: 100px;">Last</span></p>
<p>2. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes" skip to question #3)                      If "No," are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If "Yes," what is your "A number"? _____                      If "No," what is your immigration status? _____</p>	<p>2. Using the above person's information, answer the questions below.                      Is the above person a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes" skip to question #3)                      If "No," is he/she a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If "Yes," what is his/her "A number"? _____                      If "No," what is his/her immigration status? _____</p>
<p>3. Are you on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date of Entry: _____  <span style="margin-left: 100px;">mm/dd/yyyy</span>                      Official Duty Station: _____  <span style="margin-left: 100px;">State</span>                      Reporting Date: _____ Duration of Orders: _____  <span style="margin-left: 100px;">mm/dd/yyyy</span>      <span style="margin-left: 100px;">mm/dd/yyyy</span></p>	<p>3. Is the above person on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If "Yes," is Virginia listed as the Tax State on his/her Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date of Entry: _____  <span style="margin-left: 100px;">mm/dd/yyyy</span>                      Official Duty Station: _____  <span style="margin-left: 100px;">State</span>                      Reporting Date: _____ Duration of Orders: _____  <span style="margin-left: 100px;">mm/dd/yyyy</span>      <span style="margin-left: 100px;">mm/dd/yyyy</span></p>
<p>4. Are you the dependent of an active duty member in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date of Entry: _____  <span style="margin-left: 100px;">mm/dd/yyyy</span>                      Official Duty Station: _____  <span style="margin-left: 100px;">State</span>                      Reporting Date: _____ Duration of Orders: _____  <span style="margin-left: 100px;">mm/dd/yyyy</span>      <span style="margin-left: 100px;">mm/dd/yyyy</span></p>	<p>4. Is the above person married to an active duty member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If "Yes," is Virginia listed as the Tax State on the Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date of Entry: _____  <span style="margin-left: 100px;">mm/dd/yyyy</span>                      Official Duty Station: _____  <span style="margin-left: 100px;">State</span>                      Reporting Date: _____ Duration of Orders: _____  <span style="margin-left: 100px;">mm/dd/yyyy</span>      <span style="margin-left: 100px;">mm/dd/yyyy</span></p>

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>5. Are you retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  Were you discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," date of discharge/retirement? _____  mm/dd/yyyy  Tax State on LES prior to discharge/retirement: _____  Tax State</p>	<p>5. Is the above person retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is the above person discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," date of discharge/retirement? _____  mm/dd/yyyy  Tax State on LES prior to discharge/retirement: _____  Tax State</p>
<p>6. Are you the dependent of someone retired from the U.S. Armed Forces?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you the dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," date of discharge/retirement? _____  mm/dd/yyyy  Tax State on LES prior to discharge/retirement: _____  Tax State</p>	<p>6. Is the above person a dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is the above person a dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," date of discharge/retirement? _____  mm/dd/yyyy  Tax State on LES prior to discharge/retirement: _____  Tax State</p>
<p>7. Have you lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," list address(es) for the last 24 months  From Date _____ To Date _____  Address _____  City State Country  From Date _____ To Date _____  Address _____  City State Country</p>	<p>7. Has the above person lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," list address(es) for the last 24 months  From Date _____ To Date _____  Address _____  City State Country  From Date _____ To Date _____  Address _____  City State Country</p>
<p>8. For the last 12 months, which of the following applies to you:  <input type="checkbox"/> paid Virginia income taxes on all earned income  <input type="checkbox"/> filed as a resident in another state (list state) _____  <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____  <input type="checkbox"/> was a resident in a state without income tax (list state) _____  <input type="checkbox"/> had no taxable income</p>	<p>8. For the last 12 months, which of the following applies to the above person:  <input type="checkbox"/> paid Virginia income taxes on all earned income  <input type="checkbox"/> filed as a resident in another state (list state) _____  <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____  <input type="checkbox"/> was a resident in a state without income tax (list state) _____  <input type="checkbox"/> had no taxable income</p>
<p>9. For the past twelve months, have you lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," list state _____</p>	<p>9. For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," list state _____</p>
<p>10. For the past 12 months, have you:  held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No  owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No  been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant been registered to vote in another state?  <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>	<p>10. For the past 12 months, has the above person:  held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No  owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No  been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant been registered to vote in another state?  <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>

Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Parent, Legal Guardian (If under 24 years old), or Spouse Date





## AGREEMENT FOR OPEN ENROLLMENT PARTICIPATION IN THE WORKFORCE CREDENTIAL GRANT

Today's Date: \_\_\_\_\_

I, \_\_\_\_\_, am enrolling in: \_\_\_\_\_, as part of the New Economy Workforce Credential Grant Program (WCG). As a condition to receiving a grant, I agree to the following terms and conditions:

### FOR STUDENTS RESPONSIBLE FOR PAYING FOR THEIR COURSE:

If I do not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date, I agree to pay an additional 1/3 of the total course cost to: \_\_\_\_\_ Community College. If I earn an "S" grade within thirty (30) days of the program end date, I will not have any further financial obligations to the College for this course.

If I must pay an additional amount, I understand and agree to the following terms:

- A. I agree that I must pay all the money I owe to the College, although there may be reasons under the law that would reduce the amount that I owe. I also agree not to claim that I do not owe the money to the College. This means that homestead and all other exemptions, presentations, demand, protest and notice of dishonor are hereby waived by the undersigned.
- B. If the College does not receive payment within the timeframe noted in the College policy, I understand and agree that the Commonwealth will take all actions, including debt set-off, to collect the money I owe to the College.
- C. I also agree to pay all associated collection costs and/or attorney's fees if necessary to collect the money I owe to the College.

### FOR STUDENTS WHOSE COMPANY IS PAYING FOR THEIR COURSE:

I understand in the case where the College has an agreement with my employer and/or sponsor covering my specific participation in this New Economy Workforce Credential Grant Program (WCG) course, I will not be responsible for the additional 1/3 of the total course cost should I not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date. I acknowledge and understand that I may owe my employer and/or sponsor the additional 1/3 of the total course cost under a separate agreement or other arrangement if I do not successfully complete the course. I further acknowledge and understand that the College will bill my employer and/or sponsor the additional 1/3 of the total cost if I do not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date. Accordingly, I hereby consent to the disclosure of my final grade to my employer and/or sponsor if it is necessary for the College to receive the final 1/3 of the total course cost or for any other legitimate educational reason related to the WCG course.

### FOR ALL STUDENTS:

1. I understand the purpose of the WCG is to financially assist me to gain the knowledge AND the applicable industry recognized credential or licensure. Therefore, I agree to seek the applicable credential or licensure associated with my program whether it is incorporated into the program cost or requires me to obtain the credential or licensure







### FANTIC Customer Self Screening Form

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

Please complete the following screening form to determine if you may qualify for a second source of funding assistance.

Do you receive SNAP/Food Stamps: Yes \_\_\_\_\_ No \_\_\_\_\_

DO you Receive TANF: Yes: \_\_\_\_\_ NO \_\_\_\_\_

If you do not receive SNAP or TANF, what was your income level =based on adjusted gross income for Families in the Richmond Metro Region (Richmond and Surrounding Counties)

Based on most 2021 family tax information

Family Size	Does Adjusted Gross Income Per 2021 Taxes fall Below these levels	Yes	No
1	\$27,180	<input type="checkbox"/>	<input type="checkbox"/>
2	\$36,620	<input type="checkbox"/>	<input type="checkbox"/>
3	\$46,060	<input type="checkbox"/>	<input type="checkbox"/>
4	\$55,500	<input type="checkbox"/>	<input type="checkbox"/>
5	\$64,940	<input type="checkbox"/>	<input type="checkbox"/>
6	\$74,380	<input type="checkbox"/>	<input type="checkbox"/>
7	\$83,820	<input type="checkbox"/>	<input type="checkbox"/>
8	\$93,260	<input type="checkbox"/>	<input type="checkbox"/>

Note: If the below circumstances apply, please call for further assistance

1. Did you have had a reduction in income due to situation such as job loss in the current tax year (2020) which would put your income below above identified levels? YES /NO

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

2. Are you are receiving assistance from WIOA, SNAPET, VIEW, TANF, Department for Aging and Rehabilitative Services (DARS), federal/state financial aid, or training assistance from your employer? YES/NO

# IRS TRANSCRIPT REQUEST

We must have your tax transcript. Here is how you can request you tax transcript:

Go to: [www.irs.gov/individuals/get-transcript](https://www.irs.gov/individuals/get-transcript)

You may request online or by mail:

## Request Online

### What You Need

To register and use this service, you need:

- your [SSN](#), date of birth, filing status and mailing address from latest tax return,
- access to your email account,
- your personal account number from a credit card, mortgage, home equity loan, home equity line of credit or car loan, and
- a mobile phone with your name on the account.

### What You Get

- All [transcript types](#) are available online
- View, print or download your transcript
- Username and password to return later

## Request by Mail

### What You Need

To use this service, you need your:

- [SSN](#) or [Individual Tax Identification Number \(ITIN\)](#),
- date of birth, and
- mailing address from your latest tax return

### What You Get

- Return or Account [transcript types](#) delivered by mail
- Transcripts arrive in **5 to 10 calendar days** at the address we have on file for you



**SOUTHSIDE VIRGINIA COMMUNITY COLLEGE**  
— WORKFORCE DEVELOPMENT —

## **STUDENT RECORD and INSURANCE RELEASE**

I, \_\_\_\_\_ (Student Name) understands that as a student of Southside Virginia Community College enrolled in any Nurse Aide, Phlebotomy, or EMT class that requires a clinical, the college may be required to release the items listed below. This is part of the college's Clinical Affiliation Agreement with clinical agencies so that I may be allowed to attend clinical rotations. Information released may be as follows:

Criminal Background Results

Immunization records

PPD records

By my signature below I authorize Southside Virginia Community College to release this information when requested by the clinical agency.

Also by signing this form, I verify that I have personal-medical or health insurance coverage which will cover the cost of any required testing resulting from or related to accidental sticks or injury which may occur during the clinical experience or that I will be personally responsible for costs for any testing and for any treatment related to such injury now or in the future.

Signature: \_\_\_\_\_ (Student)

Printed Name: \_\_\_\_\_

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



## Student Health Safety Agreement

The health and well-being of our students, instructors and staff is our top priority. With the current and uncertain future of the COVID 19 Pandemic outbreak, it is imperative we follow very specific guidelines until such time as the Pandemic ends.

This document provides guidelines for keeping students, instructors, and college staff safe during the current COVID 19 pandemic for all in-person classes. As a condition for your return to class, you will be expected to practice and follow these guidelines consistently for the safety of not only yourself, but for others you will encounter at the college.

For my safety, the **College will do the following:**

- Maintain a commitment to keeping educational interruptions to a minimum and helping students stay on track to complete their programs of study;
- Initiate steps to mitigate the risk and of transmission including thorough cleaning and disinfecting of classroom/lab areas at the conclusion of classes;
- Provide regular cleaning/disinfecting of common areas such as water fountains and restrooms;
- Quickly respond to student concerns and/or questions as they may arise, and;
- Adapt, adjust, or change procedures or policies to adhere to CDC, state, or federal policy/guidelines.

### Student Expectations:

As a student, I agree to the following conditions to return to class:

1. **I will not come to class sick or stay if I feel sick**, regardless of symptoms. I will contact my instructor so that he/she is aware and can make instructional accommodations if necessary. I will stay in touch regularly with my instructor until I return to class. If he/she has not provided me with contact information, I will ask or contact the Office of the Vice-President for Academic and Workforce Programs;
2. **I will not come to class if I have been exposed to someone with COVID 19** or traveled to an area with a high incidence COVID 19. I will quarantine per CDC guidelines. I will not come back to class until I have quarantined for a minimum of 14 days. I will contact my instructor so that he/she is aware and can make instructional accommodations if necessary and stay in touch regularly until I return to class;
3. **If after attending a class, I find out that I was exposed to someone with COVID 19 outside of class, I will contact my instructor immediately** and quarantine per CDC guidelines. I will not come back to class until I have quarantined for at least 14 days. My instructor may make instructional accommodations if possible. I will stay in touch with my instructor until I return to class;
4. **If I am diagnosed with COVID 19 I will not come to class. If I recently attended class, I will advise my instructor immediately of my diagnosis.** I will stay in touch with my instructor as I am able. I will not return to class until (1) a doctor/health professional verifies I have fully recovered and (2) contact the Office of the Vice-President for Academic and Workforce Programs before returning.
5. **I will wear a protective face covering (mask) to all in-person classes.** This will be required for class admission until such time as I am directed to discontinue. Other Personal Protective Equipment (PPE) may be required by the college or by my instructor. Failure to wear a face covering and required PPE while on campus may result in being asked to leave as well as possible dismissal from class;
6. **I will be prepared if this in-person class is moved online.** In the event of a new outbreak or change in state guidelines, I understand it is possible my class may be moved online, fully or partially. I understand that if my class is moved online, I will need access to technology and internet with as little as 24 hours' notice; and,
7. **RECOMMENDATION: I should sign up for the SVCC Alert** ( text "svccalert" to 888777)) so that I will receive school-wide notifications and update TEXTS/EMAILS not only about closing, but other emergency information I should know.

### Signature

By signing below, I agree to the above Student Expectations as a condition of returning to campus for in-person classes. If, at any time, I fail to follow any of these conditions, I understand I may be dismissed from my class without a refund. This agreement will become part of the class record.

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PRINTED NAME

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SIGNATURE

---

DATE



# SOUTHSIDE VIRGINIA COMMUNITY COLLEGE

## WORKFORCE DEVELOPMENT

### ACKNOWLEDGEMENT OF THE RISK FORM

I agree that as a participant in the \_\_\_\_\_ at \_\_\_\_\_ associated with Southside Virginia Community College (the “College”) scheduled for \_\_\_\_\_ to \_\_\_\_\_, I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to slips and falls, needle pricks, and contracting diseases such as COVID-19, also known as the coronavirus disease.

COVID-19 is a pandemic of respiratory disease that spreads from person-to-person. COVID-19 can cause mild to severe illness; most severe illness occurs in older adults. Nevertheless, people of all ages with severe chronic medical conditions including, but not limited to, heart disease, lung disease, and diabetes are also at a higher risk of developing serious COVID-19 illness. Healthcare workers caring for patients with COVID-19 have a higher risk of exposure and I understand that the clinical facility may have patients recovering from COVID-19. At this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it.

Symptoms of COVID-19 include fever, cough, and shortness of breath. Reported illnesses range from very mild (including some with no reported symptoms) to severe, including death. If I feel sick, I agree not to go to the clinical facility and that I will stay home, except to receive medical attention if necessary. I also agree to take all necessary precautions recommended by the Centers for Disease Control and Prevention, including but not limited to washing my hands thoroughly and often, avoiding gatherings of ten or more people, covering my mouth and nose if I cough or sneeze, and avoiding public transportation, ride-sharing, or taxis to the greatest extent possible.

I agree to abide by any and all specific requests by the College and the clinical facility for my safety or the safety of others, as well as any and all of the College’s and the clinical facility’s rules and policies applicable to all activities related to this program. I understand that the College and the clinical facility reserve the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury or illness which may occur as a result of my participation or arising out of my participation in this program, unless any such personal injury or illness is directly due to the negligence of the College and/or the clinical facility. I understand that this Acknowledgement of Risk form will remain in affect during any of my subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with *Shannon Vassar Feinman, Vice-President of Finance and Administration, Shannon.feinman@southside.edu*, at which time my visits to or participation in the program will cease.

I have read and understand the risks involved in participating in a clinical education program at a clinical facility during this pandemic. I understand that I have the option to postpone any clinical

placement without academic penalty. I also understand that I must complete the requisite number of clinical hours to complete the health professional academic program in which I am enrolled. If I choose to postpone any clinical placement, I understand that my progression within the health professional academic program will be delayed.

In case an emergency situation arises, please contact \_\_\_\_\_  
(name) at \_\_\_\_\_ (phone number).

***I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.***

\_\_\_\_\_ I represent that I am 18 years of age or older and legally capable of entering into this agreement.

\_\_\_\_\_  
*Participant's signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_

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

If participant is less than 18 years of age, the following section must be completed:

\_\_\_\_\_ My child/ward is under 18 years of age and I am hereby providing permission for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during this event.

\_\_\_\_\_  
*Child's Name*

\_\_\_\_\_  
*Parent's or guardian's signature*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

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