



SOUTHSIDE VIRGINIA COMMUNITY COLLEGE
— WORKFORCE DEVELOPMENT —

Pickett Park Occupational/Technical Center
1041 W. 10th Street, Blackstone, VA 23824 Telephone: 434-292-3101

Dear Prospective PLW Student:

Enclosed is your application packet for the Power Line Worker Program at SVCC. Please make sure I have a valid email address for you as that is how we will communicate regarding the program. Please read the following instructions carefully. If you have questions, please call or email me (preferred) as our phone system is frequently out. Please mail your completed packet with your Class A CDL learner's permit to: SVCC Occupational Technical Center, Attn: Suzanne Shook, 1041 West Tenth Street, Blackstone, VA 23824.

The following is a list of needed forms and instructions for how to complete each one. Please be sure you sign all required forms.

1. Please read this letter in its entirety.
2. CDL Class A Learner's Permit Study Guide
 - a. You must be 18 years of age to test for this. There are 3 parts. You must pass the first, General Knowledge exam to take the Air Brakes and Combination Vehicles exams.
 - b. The Class A learners secures your seat in the class. We will take 25 students per class. The first 25 students who submit their completed application packet with a Class A permit or license will receive a spot in class.
3. Instructions for obtaining a DOT physical and a 5-panel drug testing
 - a. For a listing of physicians in Virginia who will perform the DOT physical please go to <https://nationalregistry.fmcsa.dot.gov> and enter your zip code.
 - b. Please send a copy of your DOT physical and card to Suzanne Shook.

- c. The 5-panel drug testing does not automatically come with the DOT physical, you have to ask for this. The 5-panel drug testing will screen for marijuana, cocaine, amphetamines, opiates and phencyclidine (PCP). This needs to be completed within 30 days of the class start date (tests earlier than 30 days will not be accepted).
 - d. Please have the doctor's office forward the results directly to: suzanne.shook@southside.edu or fax to 434-292-4037.
- 4. Non-credit application.
 - a. This is for registration purposes, please complete and sign.
- 5. Fast Forward Grant - for Virginia residents only
 - a. Please read, initial and sign this form. This grant pays \$8,400 of the \$12,600 for Virginia Residents. This is a grant and is contingent on the availability of funding from the State.
- 6. Domicile Determination Form
 - a. Proves your residency for the previous 12 months.
 - b. Section A, must be completed by applicant and signed. Please include a copy of your driver's license.
 - c. Section B, must be completed by parent or guardian if applicant is under 24 years old.
- 7. Based on income and family size.
 - a. Must submit a 2022 tax return transcript from IRS.gov, if applicant is under 24 years old, parent or guardians tax return transcript must be submitted.
 - b. This form is also used to determine eligibility for awards from the SVCC Foundation.
- 8. IRS Transcript Request
 - a. Provides instructions on obtaining an IRS tax transcript.
 - b. I must have a copy of the IRS tax transcript to determine grant eligibility.
- 9. Assumption of the Risk
 - a. You are assuming responsibility for your actions and any resulting injuries
 - b. Please include a copy of your health insurance card

10. Random Drug Alcohol screenings

- a. Due to the nature of the program and CDL training you are subject to random drug alcohol screenings while a student.

11. Tuition

- a. Tuition must be paid prior to the start of class.
- b. Payment may be made with credit card, check, money order or cash. Please call 434-292-3101 to pay with credit card via phone. There is a 2.8% fee for paying with credit card.

12. Student Health Safety Agreement

- a. Please read and sign this form.

13. Lineman Safety Belt and Lineman Climbing Boots with Shanks Information

- a. You must provide these items.
- b. The instructors recommend Buckingham or Bashlin for your Lineman Safety Belt. Please keep in mind belts are sized for the person and they take some time to come in.
- c. The instructors recommend lineman climbing boots with shanks, most companies will know what you are talking about and will guide you appropriately.

15. Lodging

- a. This is available through the Nottoway Local Redevelopment Authority.
- b. Reservations should be made as soon as possible by contacting Joyce at 434-298-0366, M-F between the hours of 9 and 3 PM.

I know this is a lot of information and I have tried to condense it. If you have any questions or concerns please let me know.

Cordially,

Suzanne Shook

Suzanne Shook

Administrative Assistant

SVCC Occupational Technical Center



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Program Rules and Requirements

- Other costs to the student for this training program will include the purchase of climbing boots and line worker belt.
- Length of Program: The Power Line Worker Program is 11 weeks in length.
- SVCC will accept cash, checks, credit and debit cards and money orders for tuition.
- Classes will convene Monday through Thursday from 8 AM to 4:30 PM (1 hour for lunch) and Fridays from 7 AM to 5 PM (1 hour for lunch) for CDL training. Enrollment into this program is considered FULL TIME and cannot accommodate any part time student.
- To be accepted into this program you must have a high school diploma or Official GED Certificate, you must be at least 18 years of age prior to beginning date of enrollment, you must have a current valid driver's license and successfully pass a DOT physical and obtain a Class A Learner's permit to secure a seat in class along with a 5-panel drug screen. You understand you will be outside in all types of weather and agree you are physically fit to withstand this.
- You are disqualified from enrolling in this program if you are in poor physical condition (overweight, back problems, knee/ joint problems, physical handicaps, etc.), OR cannot lift 75 pounds from the ground to waist height or in an elevated position. You must be able to tolerate extreme temperatures. Age is not typically a factor provided the individual is in excellent physical condition.
- Grounds for termination (without refund): Students are subject to termination without refund when they have more than 5 absences for PL W and 1 absence for CDL, fail to successfully complete all field competencies, violate school-student conduct policy, or fail to meet all financial obligations. How to cancel or voluntarily terminate (Procedure for cancellation/termination by student): If a student chooses to terminate training, the student must notify the instructor in writing either by hand delivery or by mail. The student will then be subject to the school's refund policy. If the student fails to notify the instructor of termination, the official termination date will be when the student has 6 absences.

- PLW Refund Policy: An applicant/student may cancel his/her enrollment for a full refund of all monies paid to the school or its representative provided a signed letter to cancel enrollment is received by SVCC 30 days prior to the start date of enrolled class.
 - If a student's enrollment is rejected by the school the student will receive a full refund of all monies paid to the school or its representatives. The denied students' records will be kept on file for at least one year.
 - For a student requesting cancellation of his/her enrollment after he/she has started the course, the charge made will be based on the following: Students withdrawing within the first full week of class (5 days) will be given a full refund and will not owe the FastForward Grant; provided all tools are returned to the instructor and without significant damage.
 - Students withdrawing from the 2nd week and beyond will NOT receive any refund AND will owe the money from the Fast Forward grant.
 - In the case of student illness or accident, death in the family, or other circumstances beyond the control of the student, the student shall be entitled to consideration and the school shall make a settlement which is reasonable to both.
 - Please refer to the drug testing policy regarding refunds due to a positive random drug/alcohol screening.

- SVCC is a drug-free training institution. It reserves the right to drug test any student(s) at any time, with or without cause. Student's refusal to participate, or a positive test, will result in immediate expulsion with no refund of tuition. PLW/CDL students are subject to random testing.

- SVCC REQUIRES students to have health insurance. Please provide a copy of the health insurance card. Line work is very safe, but there are risks involved and poor physical condition, or a pre-existing injury, will increase your chance of injury. Training related injuries will not be covered by SVCC. It is the student's responsibility to determine if their physical, mental, emotional, and health conditions are such that they can safely participate in the program.

- SVCC does not guarantee graduates of this program employment.

I have read and understand the program rules and requirements. If this application leads to admission, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



STUDY GUIDE FOR CLASS "A" COMMERCIAL LEARNER PERMIT (CLP)

In order to obtain the Class "A" CLP you need to take 3 written tests (General Knowledge, Air Brakes, & Combination Vehicles) through DMV. This can be done at any DMV Customer Service Center or if more convenient you can schedule to take the tests at the Occupational Technical Center, our Blackstone location. Once you score 80% or better on each test, a 1-year Class "A" CLP will be issued to you.

CDL Manuals are free and available at all DMV's. We also have copy's available for you to pick up at the Truck Driver Training School.

You can take all 3 tests at one time as long as you pass General Knowledge first. Some choose to focus only on GK until passing it, then concentrating on the final 2 sections. You can take these tests as many times as necessary but you must wait at least a day before a "retake".

Through our students we have found that the best "study tool" can actually be downloaded, for free, on your smartphone. The app is CDLprep (Refer to the icons at the bottom of the page). Take the practice tests in the 3 sections and when you get to the point that you are scoring 80% or better on each section it's an indication that you are ready to go to DMV and take the actual tests.

That's it! Pass those 3 and you have earned a Class 'A' CDL Learners Permit. *Don't throw your driver's license away, yet. You must have both of the documents in your wallet for the permit to be valid.* The permit is good for 12 months.

SUGGESTION: There is not a test on Chapter 3 -Transporting Cargo Safely -BUT there is lots of good info in that chapter which may help you when taking tests ONE, TWO, and THREE, so just READ IT.

Sample tests almost identical to the actual test can be found online at the app store.

Look for CDL Prep.

What to study in the CDL Manual from DMV:

FIRST TEST

Chapter 2 -Driving Safely -This is known as the General Knowledge Test. It is a 50 question test and you must get at least 40 correct. You can start studying for the test on page 2-8 at "Basic Control of Your Vehicle" (Just skip the first 7 pages in the Chapter)

SECOND TEST

Chapter 5 -Air Brakes. There are 30 questions on this test and you must get a least 24 correct. Study all of Chapter 5 in its entirety.

THIRD TEST

Chapter 6 -Combination Vehicles. There are 20 questions on this test and you must get at least 16 correct. Study all of Chapter 6 in its entirety.

CDL Prep App:





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Instructions for obtaining a DOT Physical and 5 Panel Drug Testing

You will need to contact a Medical Examiner who is listed on the Federal Motor Carrier Safety Administration's National Registry to have your physical examiner's certificate completed. The drug test is *not* part of the CDL physical. You may be able to have the drug testing completed during your physical but it needs to be requested. The 5-panel drug testing screens for marijuana, cocaine, amphetamines, opiates, and phencyclidine (PCP). Some DMV locations require the physical before they allow you to test. Please check with your local OMV.

If you can't find a location in your area please contact the Truck Driver Training School 434-292-1650 for recommendations or visit this website for a listing of locations and enter your zip code:

<https://nationalregistry.fmcsa.dot.gov>

Please have drug testing results mailed, scanned, or faxed to:

Attention: Suzanne Shook

1041 W. Tenth Street

Blackstone, VA 23824

Faxed to: 434-292-4037

Scanned to: suzanne.shook@southside.edu

If they come directly to you please promptly send them to the above information.



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



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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/

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:



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

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: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> First Middle (Full) Last </div> Date of birth: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> (mm) (dd) (yy) </div> </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>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: _____ <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> mm/dd/yyyy mm/dd/yyyy </div> </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: _____ <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> mm/dd/yyyy mm/dd/yyyy </div> </p>	<p>1. Provide the name of the person upon whom you are basing your domicile: <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> First Middle (Full) Last </div> </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. 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: _____ <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> mm/dd/yyyy mm/dd/yyyy </div> </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: _____ <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> mm/dd/yyyy mm/dd/yyyy </div> </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 _____



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: _____

Did you have had a reduction in income due to situation such as job loss in the current tax year which would put your income below above identified levels? YES: _____ NO: _____

If yes, please explain:

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

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

ASSUMPTION OF THE RISK FORM

I agree that as a participant in the Power Line Worker program at Southside Virginia Community College (the "College"), 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 program and its related activities. I acknowledge that this program includes tests of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, and a lack of hydration.

I understand that this program is physically demanding and requires that I work at significant heights, lift at least 75lbs, and work in all weather conditions with potentially dangerous equipment and materials.

I certify that I am physically fit for this program, and have not been advised not to participate by a qualified medical professional. I further certify that I have no physical or mental disabilities, impairments, chemical dependencies, or other health issues that might inhibit my safe participation in this program. I certify that I have medical health insurance coverage, and that I have recently had a complete physical examination.

I understand that in the event of accident or injury, personal judgment may be required by College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College and College personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal medical insurance in advance and to take into account my personal health and physical condition.

I further agree to abide by any and all specific requests by the College for my safety or the safety of others, as well as any and all of the College's and the program's rules and policies applicable to all activities related to this program. I understand that the College reserves 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, damage to or loss of my property which may occur as a result of my participation or arising out of my participation in this program, unless any such personal injury, damage to or loss of my property is directly due to the negligence of the College, College personnel, or its agents. I understand that this Assumption of Risk form will remain in effect during the program and program-related activities, unless a specific revocation of this document is filed in writing with the College at which time my participation in the program will cease.

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



SOUTHSIDE VIRGINIA COMMUNITY COLLEGE
— WORKFORCE DEVELOPMENT —

**Power Line Worker Training
Pickett Park Occupational/Technical Center
1041 W. 10th Street
Blackstone, VA 23824**

SVCC is a drug-free training institution. It reserves the right to drug test any student(s) at any time, with or without cause. Student refusal to participate, or a positive test, will result in immediate expulsion with no refund of tuition.

Drug Policy Acceptance Form

All students are subject to random drug and alcohol testing while attending the Power Line Worker Training. If an individual tests positive for a controlled substance (Marijuana, Cocaine, Amphetamines, Opiates, or PCP) he/she will be removed from the program and will be considered medically unqualified to continue participating in the Power Line Worker Training. With one exception, the student will be dropped from the class without a refund.

Exception: The student elects to have the split sample tested and the result is negative. At that time, the MRO or Medical Review Officer will deem the initial test result as a “false positive” and reinstate that student back in to the program. **The split sample will be tested at the students' expense, which could cost \$150.00 or more.**

All students are subject to random alcohol testing. If an individual tests at .02% or greater the student will be removed from the class and be given 24 hours to take another test (at his/her expense). If this result is .02% or greater the student will be dropped from the class without a refund.

A student that has been dropped from a class because of positive random result may enroll in a future class after being released to do so by a certified substance abuse professional. Tuition and fee expenses will apply.

All Negative dilute results will require another drug test at the student's expense.

I have read and understand the drug and alcohol testing policy and I agree to abide by the terms of the policy while enrolled in the Power Line Worker Training.

Student Signature: _____

Date: _____

(11/1/23)



SOUTHSIDE VIRGINIA
COMMUNITY COLLEGE

COVID 19 RETURN TO IN-PERSON CLASS

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 imperative we follow very specific guidelines until such time as the Pandemic ends.

This document provides guidelines for supporting the health of students, instructors, and college staffs 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 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 contact the Office of the Vice-President for Academic and Workforce Programs at 434.736.2006;
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 I will 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 a doctor/health professional verifies I have fully recovered, and I will contact Dr. Michelle Edmonds at 434.949.1006 as directed in the SVCC Reopening Plan.
5. **I will practice Social/Physical Distancing and will not congregate** before, during, or after class, or during breaks. I will leave the classroom, building, and campus promptly when my last class ends;
6. **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;
7. **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
8. **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 also about other emergency information I should know.
9. **Internet Access.** If I do not have access to technology/internet access when off-campus, I will alert my instructor at the start of class so that other accommodations can be made in the event of a shift to fully online coursework.

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.

PRINTED NAME

SIGNATURE

DATE rev6/26/20



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Harrisonburg, Virginia 22801
<http://www.specialfleet.com>

Alec Harris

OBBCO

(757) 420-4000 Work
Alec.Harris@OBBCOSafetySupply.com



SOUTHSIDE VIRGINIA COMMUNITY COLLEGE
— WORKFORCE DEVELOPMENT —

Housing – Building 443

This building is operated by the Nottoway County Local Redevelopment Authority (LRA) for SVCC students. (Building 443 is located at Pickett Park, approximately ½ mile from the SVCC Occupational/Technical Center.) Reservations are made directly by the student and payment is made to the LRA.

Building specifics include:

10 x 10 rooms are \$14 per night

10 x 15 room are \$16 per night (space limited)

- Individual bedrooms include:
 - Single bed with sheets
 - Chest-of-drawers
 - Small closet
 - Dorm size refrigerator
 - Locking doors

- Facility includes:
 - Shared kitchen - 2 refrigerators, 2 microwaves, stove
 - Shared bath - sinks, toilets, showers
 - Laundry room- washer & dryer
 - Group "Hang Out" room - sofas, 2 smart TVs w/cable, 4 desktop computers
 - Internet
 - Housekeeping 2 times a week

Fees will be payable in advance by the month or according to duration of program

For reservations call 434-298-0366 between 2:00p.m. - 6:00p.m.

Specify Building 443 and that you will be enrolled at SVCC.