UPPER CAPE TECH
Adult & Continuing Education

NANTUCKET

MASSACHUSETTS CLEAN ENERGY CENTER®

MASSCEC PARTICIPANT REGISTRATION FORM - *REQUIRED*
CONFIDENTIAL DATA: FOR OFFICIAL USE ONLY

1. FIRST NAME MIDDLE NAME LAST NAME

2. DATE OF BIRTH
____ ____ / ____ ____ / ____ ____ ____ ____
Month Day Year

3. SOCIAL SECURITY NUMBER
____ ____ ____ ---- ____ ____ --- ____ ____ ____ ____

4. EMAIL ADDRESS

5. PHONE NUMBER
(____ ____ ____) ____ ____ ____ -- ____ ____ ____ ____

6. STREET ADDRESS

7. CITY/TOWN

8. STATE
MASSACHUSETTS

9. ZIP CODE

10. WHAT IS YOUR CURRENT EMPLOYMENT STATUS?
_____ EMPLOYED _____ UNEMPLOYED

11. IF UNEMPLOYED, HOW MANY WEEKS HAVE YOU BEEN UNEMPLOYED DURING THE LAST YEAR? ____ ____

12. DO YOU HAVE A VALID MA DRIVERS LICENSE?
_____ YES _____ NO

13. DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION?
_____ YES _____ NO

14. DO YOU HAVE ANY AREAS OF CONCERNS/ OBSTACLES THAT MAY PREVENT YOU FROM SUCCESSFULLY COMPLETING THE GRANT PROGRAM?
_____ YES _____ NO
IF YES, PLEASE EXPLAIN: _____

IF YOU ARE CURRENTLY EMPLOYED, PROVIDE INFORMATION ON CURRENT JOB. IF YOU ARE UNEMPLOYED, PLEASE SKIP TO QUESTION #18

15. NAME OF EMPLOYER

16. EMPLOYER'S CITY/TOWN

17. DESCRIBE YOUR EMPLOYER'S TYPE OF INDUSTRY OR WHAT YOUR COMPANY DOES.

18. JOB TITLE / DESCRIPTION

19. HOURLY WAGE ($/HOUR)
$ ____ ____ . ____ ____

20. AVERAGE HOURS PER WEEK
____ ____ . ____

21. ARE YOU A CURRENT/FORMER FOSSIL FUEL WORKER? _____ YES _____ NO

FOR THE FOLLOWING QUESTIONS: IF YOU CHOOSE NOT TO ANSWER A QUESTION, PLEASE CHECK PREFER NOT TO DISCLOSE

22. I IDENTIFY MY GENDER AS
_____MALE _____FEMALE _____NON-BINARY
_____PREFER NOT TO DISCLOSE

23. I IDENTIFY MY ETHNICITY AS
_____ HISPANIC OR LATINO (OF ANY RACE) _____ NOT HISPANIC OR LATINO
_____PREFER NOT TO DISCLOSE

MASSACHUSETTS CLEAN ENERGY CENTER®

24. I IDENTIFY MY RACE AS *(CHECK ALL THAT APPLY)*

_____ AMERICAN INDIAN / ALASKA NATIVE _____ NATIVE HAWAIIAN / PACIFIC ISLANDER

_____ ASIAN _____ WHITE

_____ BLACK / AFRICAN AMERICAN _____ SOME OTHER RACE

_____PREFER NOT TO DISCLOSE

25. DO YOU HAVE A DISABILITY?

_____ YES _____ NO

_____PREFER NOT TO DISCLOSE

25. DO YOU HAVE ANY STATE/NATIONAL TRIBE MEMBERSHIP? _____ YES _____ NO

THIS SPACE WAS INTENTIONALLY LEFT BLANK.

26. CITIZENSHIP

_____ US CITIZEN

_____ WORK ELIGIBLE NON-CITIZEN

27. WERE YOU BORN IN THE UNITED STATES?

_____ YES _____ NO

28. VETERAN STATUS

_____ GULF WAR ERA VETERAN

_____ OTHER VETERAN _____ NONE

29. PRIMARY LANGUAGE SPOKEN AT HOME?

_____ ENGLISH (Skip to #27)

_____ OTHER (Complete #26)

30. IF NOT ENGLISH, WHAT IS YOUR PRIMARY LANGUAGE?

31. UNEMPLOYMENT INSURANCE STATUS

_____ U.I. CLAIMANT

_____ U.I. EXHAUSTEE _____ NEITHER

32. ARE YOU RECEIVING ANY OF THE FOLLOWING PUBLIC ASSISTANCE BENEFITS? _____ YES *(CHECK ALL THAT APPLY)* _____ NO

_____ TAFDC (TRANSITIONAL AID TO FAMILIES) _____ EAEDC (EMERGENCY AID) _____ WIC NUTRITION PGM

_____ SNAP (SUPPLEMENTAL NUTRITION ASST) _____ SSDI (SOCIAL SECURITY DISABILITY) _____ VETERAN'S CASH BENEFITS

_____ SSI (SUPPLEMENTAL SECURITY INCOME) _____ MASSHEALTH _____ REFUGEE CASH ASSISTANCE

33. DO YOU RECEIVE A HOUSING SUBSIDY? _____ YES _____ NO

IF YES, WHAT TYPE OF HOUSING SUBSIDY DO YOU RECEIVE? *(CHECK ALL THAT APPLY)*

_____ MASSACHUSETTS RENTAL VOUCHER PGM (MRVP) _____ FEDERAL SECTION 8 VOUCHER PGM _____ NOT SURE OF SOURCE

_____ SUBSIDIZED UNIT FROM STATE PUBLIC HOUSING _____ SUBSIDIZED UNIT FROM FEDERAL PUBLIC HOUSING

34. DO YOU RECEIVE A CHILDCARE SUBSIDY? _____ YES _____ NO

IF YES, WHAT TYPE OF CHILDCARE SUBSIDY DO YOU RECEIVE? *(CHECK ALL THAT APPLY)*

_____ EEC (DEPT OF EARLY EDUCATION AND CARE) _____ DCF (DEPT OF CHILDREN AND FAMILIES) _____ NOT SURE OF SOURCE

_____ DTA (DEPT OF TRANSITIONAL ASSISTANCE) _____ HEAD START

35. FAMILY SIZE – Include yourself (not less than 1)

36. YEARLY FAMILY INCOME

_____ $0 - $27,000 _____ $46,001 - $55,500 _____ $74,501 - $84,000

_____ $27,001 - $36,500 _____ $55,501 - $65,000 _____ $84,001 - $93,500

_____ $36,501 - $46,000 _____ $65,001 - $74,500 _____ $93,501 OR HIGHER

37. SELECT HIGHEST LEVEL OF SCHOOLING THAT YOU HAVE COMPLETED		38. ARE YOU A SINGLE PARENT?
_____ LESS THAN HIGH SCHOOL DIPLOMA	_____ ASSOCIATE'S DEGREE	_____ YES _____ NO
_____ HiSET / GED / HIGH SCHOOL EQUIVALENCY	_____ BACHELOR'S DEGREE	
_____ HIGH SCHOOL DIPLOMA	_____ MASTER'S DEGREE AND ABOVE	
_____ SOME COLLEGE, NO DEGREE	_____ OTHER POSTSECONDARY TRAINING	

IF HIGH SCHOOL GRADUATE, WHAT YEAR DID YOU GRADUATE? _____

I hereby certify and attest that the information stated above is true and that misrepresentations of my eligibility may result in expulsion from the program. I acknowledge that the information on this application may be used for evaluation purposes by UCT ADULT ED and MASCEC.

APPLICANT SIGNATURE	**DATE**

EQUAL OPPORTUNITY EMPLOYER/PROGRAM - AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

STAFF USE ONLY

PROGRAM ENROLLMENT DATE: ____ ____ / ____ ____ / ____ ____ ____ ____
Month Day Year

PROGRAM TRAINING COMPONENT: _____ **PROGRAM TRAINING COHORT #:** _____

SOURCE OF REFERRAL: _____

Participant Confidentiality Statement and Release Form

I, _____,
(Print your name)

understand that Massachusetts Clean Energy Center (MassCEC) grant pays for the training program I am about to enter through the Upper Cape Cod Regional Technical School Adult and Continuing Education. UCT Adult and Continuing Education, which oversees the grant information for the MassCEC, needs information about the training program and people attending training classes to be able to report on how well the program is working and whether it is meeting its goals.

I understand that all information I give project staff about myself will be kept confidential and used only for programmatic, aggregate reporting purposes, or to determine eligibility for a particular program including registration with the correlated Career Center. I also understand that project staff may ask my employer for details about my job or pay and that this information will be kept confidential. Any other information about me, such as interviews, tests, reports from career counselors, or other sources, will also be kept confidential and only used by Upper Cape Tech Adult and Continuing Education staff to report on the whole program. Any information or data connected to my name may not be given to anyone else without my permission.

As part of the training program funded by the Massachusetts Clean Energy Center grant, I understand that UCT Adult and Continuing Education will collect confidential information about me and my participation in the program. I have read and understood the above statement, give UCT Adult and Continuing Education permission to collect and use my information, and permit my employer to release job or wage information according to the statement above.

I understand that by providing my social security number on this form, I give UCT Adult and Continuing Education permission to obtain information on the results of the Initiative. I understand that this information will only be used to obtain state employment information to evaluate the projects and that my identity (name, address, etc.) will not be connected to the data obtained by the state.

_____ _____
(Sign your name) ***(Date)***