



**Application for the Virginia Highlands Community College Great Expectations Program**

**Personal Information**

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

Alias Names: \_\_\_\_\_

Empl ID: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

\_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School Email: \_\_\_\_\_

How do you prefer to be contacted? \_\_\_\_\_

High School or County of Residence: \_\_\_\_\_

Interests: \_\_\_\_\_

\_\_\_\_\_

GPA: \_\_\_\_\_

Level of High School Completed: \_\_\_\_\_ Year \_\_\_\_\_ GED? \_\_\_\_\_

Number of College Credits Currently: \_\_\_\_\_

How did you hear about the Great Expectations Program?

\_\_\_\_\_

\_\_\_\_\_

**Health and Emergency Information**

Department of Social Services Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Years in Foster Care: \_\_\_\_\_

*Continued*

Special Needs or Requirements: \_\_\_\_\_  
\_\_\_\_\_

List any Medications or Specific Health Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is your current living situation? \_\_\_\_\_  
\_\_\_\_\_

Do you have concerns about starting college? \_\_\_\_\_  
\_\_\_\_\_

**College and Work Information**

What Program of Study Interests you? \_\_\_\_\_

What is your method of transportation? \_\_\_\_\_

Are you currently employed or are you looking for employment? \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you be interested in doing a job shadowing experience? \_\_\_\_\_

What types of employment interest you? \_\_\_\_\_

\_\_\_\_\_  
*Great Expectations Participant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Great Expectations Coach Signature*

\_\_\_\_\_  
*Date*





### Participant Commitment

As a participant in the Great Expectations Program at Virginia Highlands Community College, I am excited about the opportunities available and committed to working closely with my Great Expectations Coach. Therefore, to ensure my own success, I agree to meet the following guidelines:

1. Apply for Financial Aid (FAFSA)
2. Adhere to all policies outlined in the VHCC Handbook ([www.vhcc.edu/catalog](http://www.vhcc.edu/catalog))
3. Take the college placement test if applicable (non-transfer or current students)
4. Provide all requested paperwork and complete all assignments in a timely manner
5. Participate in all aspects of the Great Expectations Program
6. Seek Academic Advising from a VHCC Academic Advisor and the Great Expectations Coach
7. Maintain regular contact with my Great Expectations Coach for one year following completion of the program
8. Communicate with my Great Expectations Coach at least twice each month. (Office hours are posted at the Great Expectations Office, ISC-100D).

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Signature

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Date

### Coach's Commitment

As a Great Expectations Coach at VHCC, I am committed to the success of the program participant listed above and pledge to:

1. Become a trusted mentor
2. Encourage the student participant to continue with college coursework
3. Provide assistance for the participant to take the college placement test
4. Motivate participants and encourage the development of outstanding academic and work-ready attitudes
5. Provide assistance in overcoming barriers that may interfere with classes
6. Maintain regular contact and provide assistance to the participant for a minimum of one year



## Duty to Report Form

I understand the advisor is a professional, and is, therefore required to report information to the proper authorities about any information disclosed about the following three areas:

1. If you, the student, express to the advisor that you have plans to commit suicide or are in any imminent harm.
2. If you express to the advisor and /or the advisor has reason to believe that you are being abused.
3. If you are participating in the abuse of a child.

I understand this form and the advisor's duty to report in any of the circumstances.

_____ Student's Signature	_____ Date
_____ Advisor's Signature	_____ Date
_____ Parent's Signature (Under 18)	_____ Date



### Authorization to Exchange Information

I, \_\_\_\_\_, \_\_\_\_\_  
(Student Name) (Date of Birth)

Authorize the Great Expectations Program at Virginia Highlands Community College to exchange relevant information with:

\_\_\_ The appropriate state/local community agencies as necessary to obtain services to support my participation in the Great Expectations Program. When necessary, this information may also be shared with members of the Great Expectations Advisory Board.

\_\_\_ The person/persons listed on my Great Expectations Application, those listed on my Assumption of Risk Form, and other VHCC staff members deemed necessary to assist and support me as a participant in the Great Expectations Program. This authorization will be used to verify foster care information and/or make referrals and will remain in effect until I successfully complete the Great Expectations Program.

OR

\_\_\_\_\_  
Great Expectations Participant Date

\_\_\_\_\_  
Guardian/Legal Representative Date

### Publication Release Form

I hereby allow Virginia Highlands Community College to use my name and image for publication and promotional purposes. This may include but is not limited to the promotion of the Great Expectations Program. I understand that this agreement remains in effect until I notify VHCC in writing that I wish to revoke this consent.

\_\_\_\_\_  
Name (Please Print):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Great Expectations

FOSTERING POWERFUL CHANGE

To Whom It May Concern:

The following individual has requested to be a participant in the Great Expectations Program at Virginia Highlands Community College. Would you please indicate whether or not this individual was involved in the foster care system?

**Student:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ (mm/dd/yy)

County of Foster Care Affiliation: \_\_\_\_\_

\_\_\_\_\_ *Yes, this individual was involved with the foster care system.*

\_\_\_\_\_ *No, our office has no record of this individual being involved with the foster care system.*

\_\_\_\_\_  
Signature of DSS Representative

\_\_\_\_\_  
Date

Please scan and email this form to [abishop@vhcc.edu](mailto:abishop@vhcc.edu) or mail to:



VHCC Great Expectations Program  
C/O Amanda Bishop  
PO Box 828  
Abingdon VA 24212-0828

**ASSUMPTION OF THE RISK FORM**

I agree that as a participant in the *Great Expectations Program* associated with *Virginia Highlands Community College* (the "College") scheduled for the duration of my time in the *Great Expectations Program*, 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 *(potential risks of the activities or related to the Great Expectations Meetings or Activities)*.

I understand that in the event of accident or injury, personal judgment may be required by *Virginia Highlands Community College* or College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College and/or *Virginia Highlands Community 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 health insurance in advance, if desired, 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 and *Great Expectations* for my safety or the safety of others, as well as any and all of the College's and *Virginia Highlands Community College'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 and/or *Virginia Highlands Community College*. I understand that this Assumption of Risk form will remain in effect during any of my subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with the *Great Expectations Coach* or *College administrator*, at which time my visits to or 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.

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*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*

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

\_\_\_\_\_  
*Date*