



Mendocino College
High School Equivalency Program



2008-2009 HEP Application

HEP

High School Equivalency Program

Mendocino Community College
1000 Hensley Creek Road
Ukiah, CA 95482
www.mendocino.edu
707.467.1026



The High School Equivalency Program (HEP) provides a unique educational experience for students.

El programa de Equivalencia de Preparatoria (HEP) proporciona una experiencia educativa única a sus estudiantes.

El Programa

El programa de Equivalencia de Preparatoria (HEP) es un programa del gobierno federal de los Estados Unidos para personas que trabajan o han trabajado en la agricultura temporal o migratoria.

The Program

The High School Equivalency Program (HEP) is a federally funded program for migrant and seasonal workers.

Metas

Proveer a los estudiantes de HEP el conocimiento académico necesario para aprobar los exámenes del GED.

Goals

Provide HEP students with the academic skills necessary to pass the GED exam.

Proveer información acerca de:

- Educación superior
- Oportunidades de empleo
- Entrenamiento de trabajo
- Servicio militar

Provide information on:

- Higher Education
- Employment opportunities
- Job training programs
- Military service

Además de nuestro programa académico, otros servicios que están disponibles para los estudiantes incluyen:

In addition to the academic program, other services available to the students include:

- Inglés como segundo idioma
- Servicios bilingües
- Orientación y asesoría personal
- Tutoría
- Entrenamiento tecnológico en computación
- Excursiones académicas

- English as a Second Language (ESL)
- Bilingual services
- Personalized advising and counseling
- Tutoring
- Technology and computer training
- Academic excursions



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Requisitos:

1. Tener 17 1/2 años de edad o más.
2. No haber terminado la preparatoria en los Estados Unidos.
3. Además, haber trabajado por los menos 75 días en la agricultura, como trabajador migrante o temporal, durante los últimos dos años. Esto incluye actividades relacionadas con producción de:
 - Producción de cosechas agrícolas
 - Productos lácteos
 - Aves de corral
 - Ganado
 - Industrias pesqueras
 - Invernadero
 - Trabajo forestal

O

Ser elegible para participar, o haber participado en un proyecto migrante o WIA 167.

También puede ingresar al programa si sus padres o tutores legales cumplen con los requisitos descritos anteriormente.

Proceso de la solicitud

- Llenar la solicitud de ingreso
- Entrevista
- Examen de evaluación

Programa de Equivalencia de Preparatoria
1000 Hensley Creek Road
Room 6120
Ukiah, CA 95482

Teléfono: 707-467-1026

Fax: 707-467-1009

www.mendocino.edu



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To qualify, the applicant must:

1. Be at least 17 1/2 years of age or older and:
2. Have not earned a high school diploma in the United States.
3. Have worked at least 75 days within the last two years in agriculture as a migrant or seasonal farmworker. This includes any activity related to the production of:
 - Crops
 - Dairy products
 - Poultry
 - Livestock
 - Fish Farms
 - Nursery
 - Cultivation or harvesting of trees

Or

Be eligible to participate, or have participated within the past two years, in a Migrant Education or WIA 167.

You may also qualify for HEP if your parent(s) or legal guardian(s) meet the migrant work requirement described above.

Application process

- Fill out the application
- Pre-test
- Interview

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Colegio Comunitario de Mendocino es una institución de oportunidad equitativa y acción afirmativa.

SECTION 4

I hereby give permission to the High School Equivalency Program (HEP) to secure emergency, dental and/or hospital treatment for me should the need arise.

Please initial if you agree to the above statement. Student _____ Parent/Guardian _____

I hereby give permission for the High School Equivalency Program (HEP) to share any pertinent information regarding my involvement with the program concerning my education to government agencies.

Please initial if you agree to the above statement. Student _____ Parent/Guardian _____

I, _____, certify that I have honestly and truthfully answered all of the above questions to the best of my knowledge. I understand that any false information given may lead to the termination of my participation in the program.

SIGNATURE

DATE

Signature of parent or guardian is necessary if applicant is under 18 years of age:

I give permission for _____ to participate in the High School Equivalency Program (HEP)

FIRM DEL PADRE O GUARDIAN LEGAL

FECHA

SECTION 5

What do you wish to do after you receive your GED ?

- | | |
|---|---|
| <input type="checkbox"/> Better Employment Opportunities | <input type="checkbox"/> Military Service or National Guard |
| <input type="checkbox"/> Vocational or Technical training | <input type="checkbox"/> College or University |

SECTION 6

How did you find out about HEP? (select one)

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> School | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Television | <input type="checkbox"/> Flyer/brochure |
| <input type="checkbox"/> Meeting/Presentation | | |
| <input type="checkbox"/> Other _____ | | |

Ethnicity

- | | | |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian American | <input type="checkbox"/> European American |
| <input type="checkbox"/> Latin American | <input type="checkbox"/> Native American | Other _____ |

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Mendocino College
High School Equivalency Program

To: High School Equivalency Program (HEP) Students

From: HEP Director Minerva Flores

This letter is to inform you of student responsibilities when participating in HEP:

1. Student attendance is necessary in order to successfully complete GED coursework as well as administered GED examinations. Student are also obligated to participate in the end of the year ceremony in which they will receive a certificate of completion.
2. Student attendance is required even if the student completes all examinations. Only when the student successfully passes the GED subject tests with a satisfactory score, can the student cease from attending classes.
3. Students can have a maximum of three (3) absences during each month of GED instruction. It is imperative that students attend all class sessions, since important information is covered which will directly influence student performance on administered GED examinations.
4. If a student needs to miss class as a result of illness or outside circumstances, he/she must contact either the HEP office or communicate directly with the instructor prior to missing class if at all possible.
5. If a student continues to miss class without communicating with the instructor, he/she will receive a final call by the director notifying the student of dismissal.
6. If a student is dismissed from the program, he/she can be readmitted by either taking an assessment exam or speaking directly to HEP staff and fill out a reinstatement store.
7. A student can contact our HEP office at 707-467-1026. If there is no answer, please leave a message.
8. Attendance rules and regulations are applicable, per our student contract. If you have any questions, please contact the HEP office.

Full Name _____

Signature _____ Date _____

PROFESSIONAL AND ACADEMIC PLAN

Nombre _____ Fecha _____ Lugar de Estudios _____
 Teléfono _____ Idioma de Estudios _____ Fecha de Entrada _____

- I **Meta a largo Plazo:**
1. GED (solamente) _____
 2. GED/ESL (Inglés como segundo idioma) _____
 3. GED/Certificado Técnico _____
 4. GED/Título de dos años _____
 5. GED/Empleo _____
 6. GED/Militar _____

II **Si marco la 3 o 4, favor de poner marcar que programa le interesa:**

Asistente médico	Asistente dental
Técnico de laboratorio	Enfermera vocacional
Uso de computadoras para trabajos de oficina	Asistente de oficina
Contabilidad	Carreras tipo automatiz
Asistente de veterinario	Cosmetología
Diseño de jardines y horticultura	Programación de computadoras
Reparación de equipo de calefacción	Reparación de computadoras
Empezar su propia empresa	Otro

III **El Colegio Comunitario:** Si marco el 2, 3, 4, favor de indicar que escuela comunitaria le interesa

- | | |
|-------------------------------------|--|
| Mendocino Community College - Ukiah | Santa Rosa Junior College— Sonoma County |
| Yuba City College - Clearlake | College of the Redwoods— Fort Bragg |

IV **La búsqueda de trabajo:** Quizá lo que Ud. necesite cuando haya terminado el programa de GED sea ayuda con la búsqueda de un nuevo trabajo, un mejor puesto, o una posición cuyo horario le facilite asistir a la escuela. Aunque actualmente hay escasez de empleos, existen agencias públicas que se especializan en asistirles en la búsqueda de trabajo. Haga el favor de contestar las siguientes preguntas tocante a sus necesidades de asistencia en la búsqueda de trabajo y su experiencia y entrenamiento previos.

1. ¿Si Ud. Ya tiene empleo, habrá oportunidades de ascenso en su trabajo después que haya completado su GED?
 Sí _____ No Explique por favor _____

2. ¿Le interesaría recibir ayuda en la búsqueda de trabajo por parte de una agencia estatal o del condado? Sí No
3. ¿Ha solicitado Ud. ayuda en la búsqueda de trabajo de alguna agencia en el pasado?
 Sí No ¿Cuál agencia? _____
4. ¿Qué tipo de ayuda le ofrecieron?

5. ¿Cuál fue el resultado?

6. ¿Tiene Ud. interés en entrenamiento-en-el-trabajo ("on-the-job-training")? Sí No



V Previous Experience

1. What types of jobs have you had and for approximately how long?

2. Please indicate any special ability or talent you have (examples: bilingual, sewing, or if you know how to operate heavy machinery)

3. Please indicate any previous academic preparation you have had in the United States or in another country.

4. Please indicate any vocational training you have had in the United States or in another country.

5. Please indicate any additional information you would like for us to know as it pertains to your work experience, academic preparation or your academic/professional goals.

VI Please indicate what type of employment you would like to have after receiving your GED:

<input type="checkbox"/>	Medical Assistant
<input type="checkbox"/>	Laboratory Technician
<input type="checkbox"/>	Business Office Technology
<input type="checkbox"/>	Accounting
<input type="checkbox"/>	Veterinary Assistant
<input type="checkbox"/>	Landscape Design
<input type="checkbox"/>	AC/Heater Repair
<input type="checkbox"/>	Entrepreneur

<input type="checkbox"/>	Dental Assistant
<input type="checkbox"/>	Vocational Nurse
<input type="checkbox"/>	Office Assistant
<input type="checkbox"/>	Automotive Technology
<input type="checkbox"/>	Cosmetology
<input type="checkbox"/>	Computer Programmer
<input type="checkbox"/>	Computer Repair
<input type="checkbox"/>	Other



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EDUCATIONAL BACKGROUND

Nombre:	Numero de Seguro Social #:	Fecha:
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1. Educación en Los Estados Unidos:

	Name	Location	Dates	Grade	G.P.A.
High School					
Junior High					
Elementary					
ESL					
Other					

2. Educación afuera de Los Estados Unidos:

	Nombre de la escuela	Ciudad o Estado	Fecha	Grado	G.P.A.
Preparatoria					
Secundaria					
Primaria					
ESL					
Other					

3. ¿Usted alguna vez ha estado en un programa de GED? Indique donde y cuando:

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AUTHORIZATION FOR RELEASE OF INFORMATION

Doy por este medio el permiso para el uso de mi fotografía y de mis comentarios de ser utilizado en los esfuerzos de la publicidad para la universidad de Mendocino, cuál puede incluir la publicidad pagada en un variedad de medios, inclusión en horario de la clase y otros materiales impresos, y en otros esfuerzos promocionales generales para la universidad de Mendocino y sus programas. Solicito y autorizo por este medio a personal de: Programa de la equivalencia de la High School del Colegio de Mendocino (HEP) para intercambiar la información educativa en su posesión que pertenece a mi información sobre archivo. Esta autorización es eficaz por un año de la fecha y de la firma o cuando está revocada por el estudiante.

I hereby give permission for the use of my photograph and my comments to be used in publicity efforts for Mendocino College, which may include paid advertising in a variety of media, inclusion in class schedules and other printed materials, and in other general promotional efforts for Mendocino College and its programs. I hereby request and authorize personnel of: Mendocino College High School Equivalency Program (HEP) to exchange the educational information in their possession pertaining to my information on file. This authorization is effective for one year from date and signature or when revoked by student.

Signature _____

Name (Please print) _____

Address _____

City/State/Zip _____

Phone _____

Date _____



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VERIFICACIÓN DE EMPLEO

Para ser elegible para los servicios del programa HEP bajo los reglamentos establecidos por el Departamento de Educación de los Estados Unidos, un estudiante, sus padres o tutor debe(n) haber trabajado por lo menos 75 días en la agricultura en los últimos dos años. Esto incluye cualquier actividad relacionada con la producción de cosechas agrícolas, productos lácteos, aves de corral, Ganado, industrias pesqueras, trabajos de viveros o trabajo forestal. Este formulario debe ser firmado por un representante de la actividad agrícola donde usted trabaja o trabajó.

Si usted no puede obtener la firma de su empleador y usted o uno de sus hijos participaron en el programa Educación Migrante en los últimos dos años. Un representante de le programa de Educación Migrante o el distrito escolar puede verificar su participación.

Si usted esta participando en el programa para trabajadores agrícolas de WIA 167, un representante de California Human Development Corporation puede verificar su Participación.

Favor de entregar fotocopias de sus talones de cheque por dos meses que trabajo en el campo

Para más información, llame al teléfono 707-467-1026

EMPLOYMENT VERIFICATION

In order to eligible for services provided by High School Equivalency (HEP) under the guidelines established by the U.S. Department of Education, a student or his/her parent(s) or legal guardian(s) must have worked at least 75 days within the last two years in agriculture as a migrant or seasonal farmworker. *This includes any activity directly related to the production of crops, dairy products, poultry, livestock, cultivation or harvesting of trees, ranching, fishery, nursery, and forest work.* Please have your employer fill out this Employment Verification form.

If you in the past two years you or your children participated in the Migrant Education Program a representative of Migrant Education can fill out this Employment Verification form.

If in the past two years, you participated in the WIA 167 Farmworker Program. A Representative of California Human Development Corporation can fill out the Verification Form.

Please submit 2 months worth of check stub copies for the time worked in agriculture.

For more information, call 707-467-1026

The employer, school district representative, Migrant Education representative, or California Human Development Representative signs this section. If in MEP or CHDC Verification, please submit eligibility information.

I, _____ am able to attest to the fact that
(EMPLOYER, MIGRANT EDUCATION REP., ETC.)

_____ meets the conditions stated as a
(ESTUDIANTE/STUDENT)

- Migrant/Seasonal Farmworker: Type of Migrant or Seasonal Farmwork: _____
- Chapter, 1, Title 1 Migrant Education Program participant
- WIA Program participant

SIGNATURE TITLE

ADDRESS CITY STATE ZIP

PHONE NUMBER DATE



Mendocino College
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RELEASE OF GED TEST SCORES

DATE OF TEST: _____

STUDENT NAME: _____

STUDENT ID NUMBER: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

I give the Ukiah Adult School/Lake County Office of Education permission to release my GED test scores to the following Mendocino College High School Equivalency Program staff: Minerva Flores, Teresa Rodriguez, Laura Mora, Jose Flores, Julian Ocegueda, Juan Orozco, Fernando Jimenez, Maria Macias, Pedro Vences, Manuel Galicia, Yolanda Vazquez.

Student's Signature

Date

What identification is required to take the GED Test?

All GED candidates requesting to take the GED Tests must document identity with valid identification when they appear at the test center, both at the time of registration and at the time of testing.

The identification must be current and include the examinee's name, date of birth, photograph, address and signature. Acceptable identification includes:

- Driver's licenses issued by the Department of Motor Vehicles
- Identification cards issued by the Department of Motor Vehicles
- Identification cards issued by the Military
- Identification cards issued by U.S. or Foreign Governments
- Passports issued by U.S. or Foreign Governments
- Identification cards issued by post-secondary schools

You must register and show proper identification prior to taking the test. If you do not register then you will not be able to take the exam.

**MENDOCINO-LAKE COMMUNITY COLLEGE DISTRICT
FIELD TRIP/EXCURSION NOTICE
AND MEDICAL AUTHORIZATION--ADULT**

Field Trip/Excursion:

Departure Date & Time: _____ Return _____

I understand that pursuant to the California Code of Regulations, Subchapter 5, Section 55450, by participating in the field trip(s)/excursion(s), I am deemed by law to have waived any claims against Mendocino-Lake Community College District for injury, accident, illness or death occurring during or by reason of the field trip/excursion.

I understand and acknowledge that participation in this activity is completely voluntary and, as such, is not required by the district.

I have no known medical condition(s), which may pose a risk to the health and safety of others or me by participating in the activity(ies). I agree to advise the district in writing of any medical, physical or health condition, which may be affected or in any way jeopardized by participating in a specific field trip/excursion.

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Medical Insurance Carrier	Policy No.	Address
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In the event of accident or illness please notify:

Name	Address	Phone
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I understand and acknowledge that unless specifically advised otherwise, the college is not providing the transportation and it is my responsibility to arrange for my transportation to and from the activity. If the college is providing transportation but I do not use the transportation, I am responsible to make my own arrangements and the college assumes no responsibility or liability of any kind.

If the college is not providing transportation I further understand:

- The driver of the vehicle in which I am riding, either as driver or passenger, is not driving on behalf of or as an agent of the college, and the college has not verified the driving record of the driver, the liability insurance of the vehicle, or the condition of the vehicle;
- The college is in no way responsible, nor does the college assume liability, for any injury or loss which may result from my transportation;
- Although the college may assist in coordinating the transportation and/or recommend travel times, routes, car pooling, or caravanning, recommendation (s) or travel assistance provided is not mandatory.

Name (Print)	Phone
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Signature	Date
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Mendocino College
High School Equivalency Program

Student Checklist: Please use this as a checklist to obtain and maintain all the information needed to complete your file.

Name: _____

S.S. # _____

- The Application
- Program Specifics
- Personal and Academic Questionnaire
- Educational Background
- Release of Information
- California Driver's License or Identification
- Employment Verification
- Pre-Entry Test