



What Is The Southern Oregon Construction Academy (SOCA)?

Rogue Community College, in conjunction with the Oregon Building Congress is pleased to announce openings for the 2010 Southern Oregon Construction Academy (SOCA) Program.

The Program is open to male and female high school students who have considered a career in architecture, construction or engineering. Students must be 16 years old by the time the program begins June 21, 2010. DEADLINE for submitted applications is 5pm Friday May 7, 2010.

We are looking for students who like the outdoors, have a strong work ethic, willing and eager to learn and are physically fit.

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Students will work in a team to complete construction projects in Jackson & Josephine Counties. The program combines real-life building with hands-on educational field days so students will learn about math, construction, life skills and construction-related career opportunities. Participants will earn \$8.40 per hour for all learning and working time.

Construction Academy participants will work Monday-Thursday from June 21-August 12, 2010. A closing ceremony will be held on Friday August 13 and we encourage students to attend. Students will work 32 hours per week for eight weeks. Work start and end times may vary due to weather, project requirements, other activities or when travel for a field trip requires a minor shift in working hours. Students are responsible for meeting at a designated place each day.

*****Application Checklist*****

Before sending your application, please make sure that it is complete by including ALL of the following information and documents:

- A completed application page, including a short essay about why you want to participate in this program and how it will help you reach a goal.
- A letter of recommendation from a teacher or supervisor in a math, science, or construction-related field.
- Two Signed Parent / Guardian Permissions: Medical Release, Transportation / Photo Release

Once these documents are completed, please submit your application by Friday May 7, 2010 to:

Marlane Zerby
101 N. Grape Street
Medford, OR 97501
OR Fax To: Marlane Zerby, 541.770.8095



Application for Southern Oregon Construction Academy 2010

Please attach a letter or recommendation from a teacher or supervisor in a construction-related field
Applicants must be at least 16 years old by June 21, 2010 • Applicants must have a genuine interest in construction
You may be contacted for an interview if you qualify

Name: _____ Date of Birth: _____

Mailing Address: _____
Street City Zip

Phone Number: _____ Other phone number: _____

Who told you about this program? _____
Name Agency/School/Organization

Do you have any allergies or medical conditions that might limit you from working outdoors?

Dates when you cannot work between June 21-August 12, 2010: _____

Why do you want to participate in this program? How will participating in this program help you reach a goal?
(Please answer briefly and honestly with 50-100 words). Feel free to use another piece of paper to complete
your answer.

Have you completed an Algebra course? Y / N Date of completion: _____ Final grade: _____

Have you completed a Geometry course? Y / N Date of completion: _____ Final grade: _____

Have you completed a Construction Technology course (woodshop, metals, etc.)? Y / N Date of completion: _____ Final grade: _____

Have you completed at least two years of English classes? Y / N Final grade: _____

Do you have any construction work experience? Y / N
If "Y", please describe your experience:



Parent/Guardian Permissions: Photo, Activity & Transportation Releases

PHOTO RELEASE*

WAIVER FOR USE OF PHOTOGRAPHS AND INFORMATION

* A signed Photo Release is encouraged but not required to be eligible for the Southern Oregon Construction Academy Program. Choosing not to sign this Photo Release will not affect your child's application in any way.

If you do not wish to sign this Photo Release, please draw an "X" through this section and return it with the application.

Please sign in pen.

I hereby authorize the taking of and use of _____ *(Name of youth)*

Picture/video and/or name for use by the Oregon Building Congress (OBC) and all other organizations that are part of OBC in publicity intended to encourage participation in and financial support for OBC programs. I release and discharge OBC, its agents, and consultants, directors, employees, and officers from claims for loss, damage, injury or expense arising from such use.

Signed: _____ Date: _____
(Parent / Guardian signature) (Today's date)

ACTIVITY & TRANSPORTATION RELEASE

Students will be responsible for their own transportation to and from a designated meeting site each morning and afternoon. Students will work under the supervision of an experienced crew leader.

I am the Parent or Legal Guardian of _____ *(student's name)*, who has my permission to participate in all the activities of the OBC & the Southern Oregon Construction Academy (SOCA).

I understand that participation in SOCA will require travel to other work and educational sites. I allow my child to ride with the SOCA crew driven by the SOCA Crew Leader during work hours.

Signed: _____ Date: _____
(Parent / Guardian signature) (Today's date)



Parent / Guardian Permission: Medical Release

Please sign in pen.

I, the Parent or Legal Guardian of _____ *(Name of youth)*
an Oregon Building Congress (OBC) Southern Oregon Construction Academy participant, do hereby agree that
he/she may receive immediate medical attention in the event an accident or illness occurs during working hours.

I understand that the SOESD is responsible for valid Worker’s Compensation claims. Such claims apply only if the
injury is sustained on the job during scheduled work hours where an accident report has been filed.

If a serious accident occurs on the work site, I further understand that my child will be taken for treatment to a
physician or to the emergency room of the nearest hospital.

Signed: _____ Date: _____
(Parent / Legal Guardian signature) (Today’s date)

IN CASE OF EMERGENCY CONTACT

Name: _____ Name: _____
Relationship to student: _____ Relationship to student: _____
Home phone: _____ Home phone: _____
Work phone: _____ Work phone: _____

HEALTH BACKGROUND

Please include any allergies, medications or medical conditions that could be important if the student is injured
and/or taken to the hospital. This information will be kept confidential and used only to keep the student safe
and healthy on the job. Disclosure of health issues will in no way affect a student’s application for the program.

Allergies: _____

Medical conditions: _____

Please note any other information that may affect medical treatment: _____



Teacher / Supervisor Recommendation Form

A recommendation from a professional/technical teacher, a counselor, a math teacher, a science teacher, or a work supervisor is required for youth to be eligible for the Southern Oregon Construction Academy (SOCA) Program. The teacher/supervisor recommendation will be based upon the following criteria (from the state Career-Related Learning Standards):

- The student exhibits appropriate work ethic and behaviors in school or on the job. In particular, the student takes responsibility for decisions and actions and anticipates consequences, maintains regular attendance and is on time.
- The student demonstrates effective communication skills to give and receive information in school or at work. In particular, the student listens attentively, gives and receives feedback in a positive manner, reads and understands instructional materials, and writes and speaks clearly, accurately and appropriately for intended audience.
- The student works well in a team setting.
- The student is able to apply academic and organization knowledge and technical skill on projects.
- The student demonstrates appropriate dress, appearance and hygiene for school or the workplace.
- The student is a “hands-on” learner and likes to work with his/her hands.
- The student has a genuine interest in learning about construction and construction-related careers.

I recommend _____ for the SOCA Program.

Teacher / Supervisor Name (please print): _____

School or Company and Department: _____

Teacher / Supervisor Signature: _____ Date: _____

Comments:

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