



**Pre-Employment Transition Services**

Tel 315-731-5837


Fax 315-792-5696

1101 Sherman Drive  
Utica, New York 13501-5394  
www.mvcc.edu


Greetings!

We are excited to invite you to participate in our **PAID** Summer Career Transition Program at Mohawk Valley Community College! This engaging program is designed to help you build important career and workplace readiness skills while gaining hands-on experience in a supportive environment.

**Program Details:**

 **Dates:** July 15 – July 24, 2025

 **Location:** MVCC Campus

 **Days & Times:** Tuesdays, Wednesdays, and Thursdays, 8:30 AM – 1:00 PM

Throughout the program, you will engage in interactive activities encompassing career exploration and workplace readiness training. We will also take off-campus trips to enhance your learning experience. If you have not already been approved for Pre-Employment Transition Services, you will also be required to complete the intake form on the backside of the permission slip. If you are over 18, a parent/guardian signature is not required.

Because this is a paid opportunity, you may be required to complete a W9 form for tax reporting purposes. You can earn up to \$372 for your participation! Please also note that this is a limited space opportunity. *To guarantee your spot in the program, it is recommended you turn in the required permission form as soon as possible, but no later than 5/30/25.* If you have any questions, please don't hesitate to reach out. We look forward to seeing you this summer!

Best regards,

Andrew Carpenter-Brockway  
Director, Pre-Employment Transition Services



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## Summer Program – Pre-Employment Transition Services

**Student Name:** \_\_\_\_\_ **Food Allergies (if any):** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Emergency Contact Name & Phone Number:** \_\_\_\_\_

### Transportation Needs

**(check one):**

- My student DOES require transportation to and from the MVCC campus
- My student DOES NOT require transportation to and from the MVCC campus

### Permission to Participate

I, the undersigned parent/guardian, give permission for my student to:

- Attend the summer program at Mohawk Valley Community College held Tuesday, Wednesday and Thursday from July 15<sup>th</sup> to July 24<sup>th</sup>. The program runs 8:30a to 1p.
- Attend all program field trips that will occur over the course of the 6-day program on and off campus. Experiences include Work Readiness Training, Exploration of College Opportunities, and Career Exploration in hands-on, engaging experiences
- Receive a monetary stipend for their participation in the program (W9 form must be completed to receive this benefit)

I understand that my student will be supervised by staff from MVCC and OHM BOCES. Participation in the program is conditional on approval for Pre-Employment Transition Services by Acces-VR. The student also understands that participation in this paid experience requires following the directions and guidance of the MVCC and OHM BOCES staff over the course of the program. If you have any questions, please contact us at [ctp@mvcc.edu](mailto:ctp@mvcc.edu) or call 315-792-5552.

**Student Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Oneida • Herkimer • Madison BOCES

**SCHOOL TO CAREER PROGRAMS**  
School and Business Alliance



315-793-8577

[jcarew@oneida-boces.org](mailto:jcarew@oneida-boces.org)  
4747 Middle Settlement Road  
New Hartford, NY 13413

**Pre-ETS Intake Form**

**STUDENT INFORMATION (REQUIRED)**

First Name: \_\_\_\_\_ Preferred: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ SSN: \_\_\_\_\_

School District Currently Enrolled: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Race (Ethnicity): \_\_\_\_\_ Gender/Pronouns: \_\_\_\_\_

To receive program approval, please attach documentation of your diagnosis or special need with the application.

Student Has: (check one box)

Current 504 Plan

Former IEP

Current IEP

Other Medical Documentation

Former 504 Plan

Disability Diagnosis: \_\_\_\_\_

Food Allergies (N/A if none): \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION**

**(Required if student is under 18)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address(if different): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SIGNATURES**

I acknowledge that my child/self will be participating in the Career Transition Services at OHM BOCES and MVCC funded by Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR). This is not an application or consent for services from ACCES-VR. I agree to give ACCES-VR authorization to obtain/release information (including school records, disability information and status of ACCES-VR process) regarding my participation in the program.

I give permission for the Pre-ETS staff to attend any CSE meetings regarding my child/self.

I authorize OHM BOCES, MVCC and Career Transition Program to use my/my child's photo for educational or promotional purposes.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_