



**Please initial behind each statement:**

I understand that in order to remain in the Kirkwood Apprenticeship program, I must be an active employee of a participating employer \_\_\_\_\_

If selected, I agree to participate in all related training classes and understand that as an apprentices in the Apprenticeship program, I am responsible for providing my training hours, including number of hours worked to Kirkwood on a quarterly basis \_\_\_\_\_

I understand that as a sponsored student, my organization may require access to confidential information as a condition of sponsorship related to this series of courses. I understand that by signing below, I am agreeing to release class attendance records, sign in sheets, registration forms, education records, grades, test results, program completion reports, certificates and/or verbal or written progress reports. \_\_\_\_\_

All the above information is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Any questions regarding the apprenticeship program can be directed to 319-398-1057 of [apprenticeships@kirkwood.edu](mailto:apprenticeships@kirkwood.edu)