



New Mexico Job Challenge Academy

300 San Pedro Drive NE
Leon Harms Youth Hall
Albuquerque, NM 87108

Parent/Guardian Statements of Understanding

Name of Primary Contact (print): _____

Relationship: _____

Parent/Guardian: please initial to the left of each statement below:

_____ **Communication:** I understand that any falsified information may lead to my Applicant not being considered for acceptance. I also understand that if I am unable to transport my Applicant to New Mexico National Guard Job Challenge Academy (NMNGJCA) for in-processing, I will ensure all paperwork has been completed prior to Applicant's arrival since I will not be present to sign in-processing documents. NMNGJCA is only responsible for communicating with the parent/guardian listed as the primary contact above. It is the responsibility of the primary contact to keep other parents and/or family members informed of information regarding the Applicant.

_____ **Legal:** I certify that my Applicant has not been adjudicated, indicted, or charged with a crime considered a felony and is not currently involved with any pending legal cases.

_____ **Safety/AWOL:** I certify that if my Applicant leaves the NMNGJCA campus without proper authorization (AWOL: absent without official leave), I will not hold the NMNGJCA liable for the well-being of my Applicant. I will be notified within a reasonable time of such an occurrence, and my Applicant will be reported to local authorities as a "runaway". I agree that if my Applicant is AWOL, it is my responsibility to make arrangements within 30 days to pick up all personal belongings. If arrangements are not made, all items will become NMNGJCA property and will be disposed of 90 days from the date Applicant left the Academy.

_____ **Workman's Comp:** During the 20-week residential phase of the Program, associates will participate in training that could cause injury. If an injury occurs while participating in NMNGJCA-approved training, a federal workman's compensation claim will be filed on your son's or daughter's behalf. However, listed below are the stipulations to filing the claim:

- Associates, while at NMNGJCA, are neither considered federal employees nor are they a member of the New Mexico National Guard, except under certain provisions of law.
- Associates shall be considered federal employees only for the purpose of compensation for work-related injuries.
- Associates will be processed through the Federal Employee Compensation Act (FECA) when injuries are sustained as a result of participation in the program.
- Associates shall be considered federal employees only when relating to liability of the US for tortious (legal) conduct of employees of the US.
- Associates shall not be in performance of duty while not at the assigned location of training or other activity authorized with the program agreement except when the associate is traveling to/from the location or is on a pass from the training or other activity.
- When computing compensation benefits for disability or death, the monthly pay of an associate shall be deemed that received under the entrance salary for the grade GS-2 Federal Employee.
- Associates understand that the entitlement of a person to receive compensation for a disability shall begin on the day following the date the Associate's participation in the Program is terminated.

_____ **Medical:** I understand that my Applicant must have current and valid medical insurance and that NMNGJCA does not provide medical insurance. It is my responsibility to maintain medical insurance for the duration of the program, and I understand I am responsible for any expenses regardless of insurance coverage. I also understand that my Applicant must be medically cleared by a physician prior to participation in the program and that all medical conditions (injuries, illnesses, special requirements) must be disclosed. If information is not disclosed during the application process and issues arise because of conditions not disclosed, I understand my Applicant may be medically dismissed until he/she can be cleared to participate, which may require reapplying.

_____ **Education:** I understand that my Applicant cannot be enrolled at NMNGJCA and still be enrolled in public school the current public school of attendance. If my applicant has not earned a high school diploma or equivalent, my applicant may be enrolled at a local high school or another program to earn a high school equivalency. I understand it is my responsibility to provide education documents and information which may include state ID number, IEP or 504, high school transcripts, and/ or HiSet scores.

_____ **Use of Photographs/Personal Information:** I understand that my Applicant's photo, and/or personal information, such as name or hometown, may be used by NMNGJCA. I hereby give my consent for such photos and personal information to be used for various publications including but not limited to cycle yearbook, NMNGJCA website/ social media sites, and recruiting materials.

_____ **Search Procedure:** Associates are subject to search upon entering the NMJCA, after visitation, after home visits, when returning from off site, or at the discretion of the Shift Supervisor based on reasonable suspicion.

_____ **Communicable Diseases:** I will abide by all rules and regulations set forth by NMNGJCA and any other recommendations and regulations issued by the CDC and the State of New Mexico in relation to COMMUNICABLE DISEASES. I agree to comply with all Communicable Disease mitigation processes/ procedures in place for the purpose of protecting the health/safety of other Associates, Cadre and Staff. As the Parent/Guardian, I waive all claims against NMNGJCA and the New Mexico Department of Military Affairs, which might arise on account of an infectious Communicable Disease, absent gross negligence, or intentionally wrongful conduct by NMNGJCA personnel.

I, _____, the parent/guardian of _____, who has applied for acceptance into the New Mexico National Guard Job ChalleNGe Academy, have read and understand the above information and, by signing below, I acknowledge my agreement with the information.

Parent/Guardian Signature

Date