Cooperative Agencies Resources for Education

CARE Mutual Responsibility Contract
Golden West College 15744 Goldenwest Street Huntington Beach, CA 92647

Academic Year: __________________________  Student ID number: __________________________

The CARE program is a state funded program and is required to adhere to specific guidelines mandated by the California Community Colleges Chancellor’s office. If accepted into CARE, you will be required to comply with the following:

I. ______________________________________          __________________________________________
First Name             Last Name

A) Agree to follow my CARE contract by meeting the following requirements each semester:
   1. Complete three CARE Counselor contacts
   2. Complete two CARE Specialist contacts
   3. Attend four approved CARE workshops (arrive on time and stay for the duration of event to receive credit)
   4. Participate in four campus activities (exp. club meetings, support group, campus events, visit campus resources)
   5. Complete a minimum of 12 units per year with a minimum 2.0 grade point average (GPA)

B) Agree to notify the CARE program of any changes such as:
   1. Marital status, CalWORKs status, mailing address, telephone number, enrollment status if less than full-time.
   2. I recognize that I am solely responsible for ensuring that the CARE office is kept informed of all changes.
   3. I agree to be honest with the EOPS/CARE program by answering all questions truthfully and understand I will lose program eligibility and may have fees to pay.

C) Agree to submit the following documents annually:
   1. CARE Application/Agency Certification
   2. CARE Mutual Responsibility Contract
   3. GWC class schedule

D) I understand that I must be enrolled in the units approved by an EOPS/CARE counselor in order to receive a CARE grant. Grants are contingent upon annual program funding. If enrolled in less than 12 units I must present a unit waiver signed by an EOPS/CARE Counselor. Students who drop more than 50% of their units are not eligible to receive a CARE grant, with the exception of students approved by the DSPS department.

E) I understand that CARE is only a supplemental program and is not intended as a primary resource. The CARE program agrees to provide the following benefits to eligible students who comply with the EOPS/CARE contracts. Services provided are not guaranteed and are based on available funding. A CARE grant, gas cards, supply voucher must be used within the semester awarded and does not carry over.

F) I understand as a participant of CARE, my image may be captured in photographs and/or videotapes. I further acknowledge that the CARE program/coordinator reserve the right to use, display and edit any such image for non-profit, educational purposes, including marketing, publicity and advertising, on behalf of the CARE Program. By signing below, I acknowledge I will hold harmless the CARE Program and coordinator from any liability in connection with the photographing or videotaping and publication of my image and that I will receive no compensation now or in the future for the use of such images.

I authorize the use of my photographs ___________________________________

I have read the statements above and understand that failure to fulfill these requirements may result in my termination from the CARE program or denial of the CARE grant. I hereby authorize the release of my college records to the CARE office.

________________________________                                     ________________________
CARE student signature                                                                 Date

____________________________                                              ________________________
EOPS/CARE Specialist, Lorena Perez                                        Date