



Work Ethic Certification: Student Intent to Participate Form

Instructions: Please read the following statement, complete this form and return to your designated school liaison.

I have received, read and understand the standards and requirements for the Work Ethic Certification Program. I fully understand the guidelines for the successful completion of all established criteria necessary for awarding of the certificate.

Student Name: _____
(Please Print) First M.I. Last

School

Address City State Zip Code

By signing, I verify that I am a high school student, and I am eligible to apply for participation in the Work Ethic Certification program. In addition, I have discussed the program with my parent/guardian and he or she fully supports my participation.

Signature: _____

Parent Signature: _____

Date: _____

I am willing to complete a survey following completion of the Work Ethic Certification Program.

Student Address City State Zip Code

Phone Number Email Address

Signature Date

For more information, contact:
The Center of Workforce Innovations
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