



**STEP-BY-STEP INSTRUCTIONS FOR NEW ENROLLEES:**  
**"PLEASE SUBMIT YOUR APPLICATION TO ANAHEIM LOCATION"**

**\*\*OPEN ENROLLMENT DEADLINE FRIDAY APRIL 8<sup>th</sup>, 2022\*\***

**STEP ONE** – Complete and sign the enclosed documents:

- a) ABC SoCal Low Voltage Certification Trainee Enrollment Form must be filled out entirety and signed by Enrollee and Contractor where designated;
- b) Emergency Information form;
- c) Hold Harmless and Indemnity Agreement;

**STEP TWO** – **Submit the entire following ORIGINAL documents to ABC SoCal by EMAIL, MAIL OR HAND DELIVER:**

- a) ABC SoCal Low Voltage Certification Trainee Enrollment Form must be filled out entirety and signed by Enrollee and Contractor where designated;
- b) Emergency Information form;
- c) Hold Harmless and Indemnity Agreement;
- d) A **clear** and **enlarged color** copy of enrollee's **Drivers License**
- e) \$50.00 processing fee – Payable to: ABC SoCal (\$25.00 charge for returned checks – enrollment will be terminated)

**PLEASE SUBMIT YOUR APPLICATION TO:**

**\*\*\*SUBMIT ALL DOCUMENTS NOTED IN STEP TWO AT THE SAME TIME BY EMAIL, MAIL OR HAND DELIVER:**

**DROP-OFF LOCATIONS:**

CTP Administrator

**Drop Off:** Monday- Friday 8:30am to 4:30pm

**Email:** [dgaleana@abcsocal.net](mailto:dgaleana@abcsocal.net)

**Anaheim Mailing Address:** 1400 N. Kellogg Drive, Suite A, Anaheim, CA 92807

**\*NOTE: IT IS THE ENROLLEE'S & CONTRACTOR RESPONSIBILITY TO SUBMIT ALL REQUIRE DOCUMENTS TO ABC SOCAL BY EMAIL, MAIL OR HAND DELIVERY.**

*\*For more information or questions, please contact our craft-training administrator:*

**Anaheim Office:** 714-779-3187 **D:** 714-408-7187 **Email:** [dgaleana@abcsocal.net](mailto:dgaleana@abcsocal.net)



## Outline of Trainee Program Fees:

(Low Voltage)  
Non-Members

### Enrollment:

- ABC SOCAL: **\$50.00** at time of enrollment

### Tuition:

- FALL (July – December): \$300.00 monthly for 5 months = **\$1,500.00**  
(All levels – First Semester)
- SPRING (January – May): \$300.00 monthly for 5 months = **\$1,500.00**  
(All levels – Second semester; Must have completed the previous Fall semester)

### Additional Class:

- OSHA 30 (**Mandatory**) = **\$250.00** billed when enrolled  
(All current/new trainees)

### Books:

- CORE/LEVEL 1: **\$230.00**
- LEVEL 2: **\$230.00**
- LEVEL 3: **\$120.00**
- GREEN: **\$45.00**  
(Taught during level 2.2 Spring Semester)

### Misc.:

- MATH CLASS: **\$300.00**  
(For those that fail the TABE test)





## EMERGENCY INFORMATION

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**FULL** Address (Include Zip Code & State):

\_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### **IN CASE OF EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Optional Information: Do you have any conditions that could adversely affect or limit your classroom or on-the-job training?  Yes  No

If yes, please explain: \_\_\_\_\_

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### **CONSENT FOR TREATMENT**

I, the undersigned student (**check one of the following boxes**)  **DO**  **DO NOT** authorize any emergency X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and will remain in effect until revoked in writing.

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

\_\_\_\_\_  
Date



**LOW VOLTAGE/VOICE DATA VIDEO CRAFT TRAINING PROGRAM  
HOLD HARMLESS AND INDEMNITY AGREEMENT**

(Including Field Trips)

I, \_\_\_\_\_, accept the conditions of the Low Voltage/Voice Data Video Craft Training program and obligate myself to follow all of the requirements set therein.

I assume the entire responsibility and liability and will hold harmless Associated Builders and Contractors of Southern California, Inc., its agents, servants and employees from any and all losses, expenses, demands and claims made against Associated Builders and Contractors of Southern California, Inc., its agents, servants, and employees by myself as trainee or my heirs, survivors or any third person because of injury or alleged injury (including death) whether caused by Associated Builders and Contractors of Southern California, Inc., its agents, servants or employees negligence or otherwise arising from any activities anticipated under this training.

Furthermore, I grant ABC Southern California permission to photograph film and/or record me and use reproductions of my physical and audio likeness and in all media including but not limited to, motion pictures, video tape, television, commercial advertisements, promotional material, live presentations, and/or print materials. My signature below signifies my understanding and agreement to comply with these terms.

\_\_\_\_\_  
**Signature of Trainee**

\_\_\_\_\_  
**Date**

***EQUAL EMPLOYMENT OPPORTUNITY & ANTI-HARASSMENT POLICIES***

ABC SoCal's apprenticeship and craft training program comply with the current Department of Labor policies and regulations. It is the continuing policy of ABC, Southern California Chapter to take affirmative action to assure equal opportunity and anti-harassment for all current and prospective trainees without regard to:

Race, Color, National origin, ancestry, Gender, sexual orientation, age (40 or older), genetic information, personal appearance, marital status, familial status, family responsibility, pregnancy, other pregnancy-related conditions, childbirth, disability, military/veteran status, citizenship status, religion, political affiliation, past convictions or incarceration, prior psychiatric treatment.

*\*\*Additionally, to any other status protected by federal or state law, local ordinance or Executive Orders.*

**COMPLAINTS:**

If an apprentice or trainee believes he or she has experienced discrimination or harassment, they may file a complaint, within 300 days of the alleged incident, through the:

**Division of Labor Standards Enforcement  
Retaliation Complaint Investigation Unit  
605 W. Santa Ana Blvd. Bldg. 28, Room 625  
Santa Ana, CA 92701**



Type of Card (check one):	Visa	MasterCard
Name on Card (as it appears on card):	_____	
Card Number: _____	CVC Number: _____	Expiration Date: _____

- I understand that the \$1,500.00 cost is strictly the tuition for the **Fall 2022** semester. There is no penalty for pre-paying my tuition. However, if a payment is not received when agreed to and/or if my credit card is declined, I will not be allowed to return to class until my payment is brought current. *Agreed to:* \_\_\_\_\_
- I understand that if I fail to purchase the appropriate text book(s) by the first class night I hereby authorize ABC SoCal to charge the text book(s) payment to the above credit card, as I am an authorized user of this card, on the next business day. However, if my credit card is declined I will not be allowed to return to class until the textbook is paid for. *Agreed to:* \_\_\_\_\_
- I understand that, in addition to my tuition and textbook(s) cost, I am financially obligated to pay, OSHA 30 fee of \$250 and **(Electrical Only)** Make-up day fee of \$100 when I am schedule. *Agreed to:* \_\_\_\_\_
- I understand that should I be released from this program for any reason, up to and including breach of this contract, the State of California will be immediately notified that I am no longer a registered Craft Training/Certification Training program student. *Agreed to:* \_\_\_\_\_
- I understand that ABC SoCal is not involved or responsible for any State required fees. *Agreed to:* \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Christina Burdick  
Senior Director of Education

\_\_\_\_\_  
Date