

# WORKSITE LEARNING

## Internship Agreement

### Student Application & Transportation Consent & Assurance of Medical/Accident Insurance Consent to Emergency Treatment Learning/Liability Agreement

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#### Student Application

##### Personal Information

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Grade Level: 10 11 12

Program Supervisor: \_\_\_\_\_ Program \_\_\_\_\_

Classes *previously* completed or that you are *currently* taking that relate to this Work-Based Learning Experience:

Class: \_\_\_\_\_ Class: \_\_\_\_\_ Class: \_\_\_\_\_

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#### Transportation

A Community and Work-Based Learning Program is a means of providing relevant learning and training experiences. This program is voluntary and, in order to participate, the student and parent/guardian must accept the following responsibilities:

1. Transportation will be: (Check One Box)

- ☐ *Student will walk to learning/training site*
- ☐ *Public transportation – My student has permission to ride on public transportation*
- ☐ *Parent will drive student to learning/training site*
- ☐ *Student driving*

- Provision for transportation to and from the work/learning site and school or home will be made only by the student and parent/guardian. If a student is permitted to drive, ***transportation or riding with another student is not permitted.***
- Auto Insurance covering the student and a valid driver's license are required by state law. This student has a valid Driver's License and is covered by automobile liability insurance. Both will be valid and in force at all times during the program participation.

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

*Attach a Copy of current Insurance Coverage and a Copy of current Driver's License*

2. Participation in the program is voluntary and the School District is not directly supervising, controlling, or providing the student's transportation. The student and his/her parent(s)/guardian(s) agree to defend and hold harmless the Skills Center, the Evergreen School District and the Community and/or Work-Based Learning Worksite from any and all claims and losses resulting from student travel between sites.
3. The undersigned parent(s)/guardian(s) hereby consent or agree that their child (student) is permitted to enroll and participate in the Community and Work-Based Learning

#### Required Signatures:

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Employer Information

Learning Worksite: \_\_\_\_\_

Learning Worksite Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Learning Worksite Supervisor(s): \_\_\_\_\_ Phone: \_\_\_\_\_

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### Consent Assurance of Medical/Accident Insurance and Consent to Emergency Treatment

Work Based Learning students must have medical insurance to participate in the Work Based Learning (Internship) program.

Please check one

- \_\_\_\_\_ Student is currently enrolled in the School Insurance Program.  
\_\_\_\_\_ Student is not enrolled in the School Insurance Program; we carry our own accident/  
medical insurance. Name Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
\_\_\_\_\_ Student is currently covered by State Medical Coupons.

1. In the event of illness or accident, I understand reasonable efforts will be made to contact the parent/guardian or the emergency contact immediately. If not available, ***I authorize school district or learning worksite personnel to secure emergency medical care as needed on my behalf.*** I agree to be responsible for the cost of any medical services and to reimburse the school district or learning worksite for medical expenses they incur on behalf of my child.

***Emergency Contact*** \_\_\_\_\_ ***Phone No.*** \_\_\_\_\_

2. ***Special medical conditions*** that need accommodation for student's participation in scheduled activities are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. While teachers and other school employees who work with students on a daily basis are required to undergo a criminal background check, it is important to understand that your child may be working with adults in the community who are not subject to similar criminal background checks. I understand that my child may come in contact with community members who have not completed a criminal background check.

4. I release the \_\_\_\_\_ School District and \_\_\_\_\_  
(learning worksite) from any claims my child might have for injuries or damage resulting from the risk and dangers involved in this type of activity unless caused by the sole negligence of either party.

***I have read and understand the information on this form. My signature below gives my approval for my student's participation in the Work-Based Learning program and my agreement to provisions 1-4 above.***

### Required Signatures

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

- maintain regular attendance and satisfactory grades in school.
- remain free of drug and alcohol abuse.
- submit verified documentation of hours at worksite.
- understand that enrollment in this program is an elective and that non-compliance with the rules for this specific program will result in termination from the program and possible loss of credit.
- understand that, if suspended from school, hours at the worksite during this suspension will not count toward credit(s).
- notify the coordinator or my employer in a timely manner of any problems.
- promptly inform employer of any absence due to sickness, home school activity, or other reasons for absence.
- abide by all policies, regulations, and rules of the worksite and Skills Center in connection with their activities to include: dress code, confidentiality, drug use, etc.
- be honest, punctual, cooperative, courteous, and willing to learn.
- comply with state and federal laws regarding nondiscrimination and sexual harassment in the workplace.

- encourage the student's active participation, punctuality, attendance, and personal growth in the program.
- assume responsibility and liability for the student while traveling to, from and during the work experience and provide transportation where necessary. If the student is driving see that he/she has a current drivers license and insurance.
- assume responsibility to maintain current medical coverage for their son/daughter.

- monitor and directly supervise the student.
- guide and instruct the student in learning the various details for the job in a manner that will help the student become a good employee.
- participate in the evaluation of the student and provide to the student and coordinator and record of hours of student participation.
- consult with the coordinator/teacher concerning the student's training plan, learning and performance and skill attainment.
- conduct a New Employee Orientation to include: worksite safety procedures and practices, formal accident prevention program, workers' rights and responsibilities, issues related to harassment, and employer policies, procedures and expectations.
- comply with all state and federal employment and education legislation which prohibits discrimination against any employee/student on the basis of race, color, national origin, sex, religion, marital status, age, disability, or any other protected classification in recruitment, hiring, placement, assignment tasks, hours of employment, levels of responsibility and pay, and all state, federal, or local labor laws. Harassment of any employee/student with regard to race, color, national origin, gender, or disability is strictly prohibited.
- have a current minor work permit on file.
- contribute to Worker's Compensation on behalf of its employees and maintains liability insurance. (Required if this is a paid experience)
- maintain the right to deny any student participation or continued participation in the program

- provide coordination and support to the student and employer.
- deliver to the worksite student transportation and medical authorization covering the student in the program.
- respond to requests from the learning worksite personnel to perform such services as may be necessary or advisable to the program, including, but not limited to, evaluation, observation, and counseling of the student.
- insure that there is related instruction, orient worksite supervisor, serve as a consultant to all parties concerned with this agreement, determine the amount of credit that the student has earned, visit the training site to coordinate with the employee, and receive evaluations.

☐ *My signature below indicates that I have read the guidelines and will abide by them.*

Parent's/Guardian's Signature	Date
Coordinator/Teacher's Signature	Date