

**Century Career Center  
Work-Based Learning Co-op**

Please fill out all of the enclosed paperwork and return to Mrs. Frye.

**Student:** Please read, fill out, and sign the following papers:

- Student Information
- Training Agreement—Student Agreement
- Work-Based Learning Student Rules and Regulations
- Work-Based Learning—Training Plan/Hazardous Equipment
- Important Notices

**Parents:** Please read, fill out, and sign the following papers:

- Student Information
- Training Agreement—Student Agreement
- Work-Based Learning Student Rules and Regulations
- Work-Based Learning—Training Plan/Hazardous Equipment
- Important Notices

**Employer:** Please read, fill out and sign the following papers:

- Training Agreement—Training Site/Supervisor
- Work-Based Learning Student Rules and Regulations
- Work-Based Learning—Training Plan/Hazardous Equipment
- Employer's Liability Agreement
- Important Notices

### Student Information

Name	Student ID
Age	Date of Birth
Address	
Cell Phone	Home Phone if available
Driver's License	Access to Transportation
Parent/Guardian Name	Occupation
Parent/Guardian Address	

State Your Career Objective
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Site Preferences- Indicate the type of site you prefer for your WBL experience		
1.	2.	
Number of Absences this year	Tardies this year	
Previous Work Experience Employer Information	Full Time	Part Time
Job Description and Duties		
Are you currently employed?		
If yes, where?		

**To the Student:** Work Based Learning provides an opportunity to be considered for employment and career exploration in your field of interest. By participating in this program, you indicate that you are sincerely interested in receiving on-the-job training. If you accept this responsibility, please sign.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

**To the Parent or Guardian:** Do you consent to your daughter or son entering a Work Based Learning program and do you agree to cooperate with the school and the work site in making the training and education beneficial to your child?

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

### Training Agreement

The following training agreement needs to be completed by the student, a parent or guardian of the student, training facility supervisor, and teacher.

#### Training Site/Supervisor

1. The supervisor at the training site will complete evaluations as scheduled by the teacher.
2. If the student is employed, the student employment will be within the provisions of all state and federal child labor laws and existing labor management agreements. The employer agrees to comply with all WBL regulations and if utilizing cooperative education follow all student-learner applicable state and federal regulations, will provide student trainees equal opportunity employment and will not discriminate on the basis of race, color, national origin, including limited English proficiency, sex or handicapping conditions.
3. The term of agreement should be for an agreed upon length.t. Either party shall have the right to terminate this agreement upon written notice.
4. The employer/facility will provide adequate staffing in the instructional areas so that no student will be expected to perform duties without supervision.
5. The employer/facility will provide an opportunity for the student to keep up to date with policies and new technology by notifying the school of changes in policies and technology.
6. The employer/facility will not employ or contract for the services of students or faculty members during established school hours.
7. To assure that the employer/facility has sufficient resources to meet its obligations under the agreement, both parties shall confer prior to the start of each semester regarding the students who will participate in the program at the facility and their approximate schedule for the semester.
8. It is the responsibility of the student, parent and the employer/facility to notify the coordinator in writing of any accident that occurred while at the training site.

<b>Training Facility:</b>	
<b>Training Supervisor:</b>	<b>Contact Information:</b>
<i>I have read the above training agreement and understand my responsibilities as outlined by the agreement.</i> Supervisor's Signature: _____ Date: _____	

#### School/Teacher Agreement

1. The coordinator will visit and/or contact the training site at regular intervals to assess the student learner, to discuss the student's progress and find out what related instruction is needed.
2. Safety orientation and procedures instruction pertaining to the training site will be supplied by the employer. General Work Based Learning instructions to the student will be covered in the related class by the teacher.
3. The employer and the school will provide instruction and experience at the training site and in the classroom.
4. The school assumes full responsibility for offering an accredited education program.
5. The instructor will plan the schedule and assist with assigning students to training sites.
6. Students and faculty will abide by existing rules and regulations of the facility insofar as they may pertain to their activities while in the facilities building. The facility supervisor and/or coordinator may remove students immediately that are believed to not be conducting their behavior in the best interest of the safety of themselves or others.
7. The school will require students and faculty to maintain current health records and immunizations.

<b>Teacher's Name:</b>	<b>Contact Information:</b>
<i>I have read the above training agreement and understand my responsibilities as outlined by the agreement.</i> Teacher's Signature: _____ Date: _____	

**Student Agreement: Students will**

1. Complete designated instructional time and curriculum while maintaining academic grades, attendance and graduation requirements to progress to work based learning experience.
2. Complete the designated minimum hours of supervised training at assigned facility as directed by the school program.
3. Maintain minimum dress standards determined by your training site and/or program coordinator for professionalism and safety expectations.
4. Perform skills at the training facility that are appropriate and within the training instructions.
5. Contact the following prior to their scheduled time: a) the school (parent or guardian) b) training facility (student) c) instructor (parent or student) if they will be absent from or tardy to the school or training facility for any reason.
6. Provide his/her own transportation to and from the training site.
7. Remain at the training site unless a request to transfer is approved by the teacher-coordinator. All training sites must be approved by the teacher-coordinator.
8. Be removed from the program or prevented from returning to an advanced class if students are released from the training site by the facility for a justified reason.
9. Report a worksite related injury to the coordinator by the end of the next school day.
10. Follow the provisions of the state and federal child labor laws.
11. Not be required, or recommended, to drive to, or report to, any internship site during any part of a day covered by an announced school delay or school cancellation due to extreme inclement weather. However, we will not interfere with individual student decisions to drive to, or report to, any internship site during any such period if the student, the student's parents (if the student is under the age of 18) and the student's internship site supervisor/mentor conclude that such travel can take place without undue risk to student safety.

<b>Student Name:</b>
<b>Student Home School:</b>
<b>Parent or Guardian Name:</b>
<b>Parent or Guardian contact information:</b>
<b>Program Placement:</b>
<p><i>I have read the above training agreement and understand my responsibilities and relationship to the program as outlined by the agreement.</i></p> <p>Student's Signature: _____ / Date: _____</p> <p><i>I have read the above training agreement and understand the responsibilities assigned to my child and the relationship to the program.</i></p> <p>Parent's Signature: _____ Date: _____</p>

## Work-Based Learning (WBL) Student Rules and Regulations

As a condition for being accepted into the Century Career Center program, it is imperative that the student and parent understand and agree to the following rules and regulations. *Please note that the Work-Based Learning students are on a probationary period during the first semester and are not guaranteed to remain in the program for the entire school year. Students who meet the requirements during the first semester are invited to continue in the program for the next semester; those not being accepted to remain in the program will remain at their home school with afternoon classes for the duration of the year.*

### Work Requirements

1. Students 17 years of age or younger must have a work permit before being placed.
2. Each student must work a minimum of 15 hours a week at the assigned work site with at least half of those hours Monday through Friday.
3. A Training Agreement/Plan, signed by the student, parent, work supervisor, and the Work-Based Learning teacher must be completed.
4. The on-the-job work site supervisor is considered an extension of the school faculty and must be shown respect and cooperation at all times.

### Home School and CCC School Requirements

1. To receive credit in the WBL cooperative education program, a passing grade must be earned in BOTH the classroom related learning aspect AND the on-the-job-training field experience. Class-related instruction will constitute 40% of the grade; on-the-job training will constitute 40% of the grade, and time sheets will constitute 20% of the grade.
2. Should a student be absent from the home school or the Work-Based Learning related learning class, he/she cannot report to work that day unless arrangements have been made with the home school or the WBL teacher. *Students who violate this policy may be withdrawn from the CCC WBL Program, NO credit given for the semester, and re-assignment to the home school (study hall all afternoon.)*
3. Under no circumstances are you to quit, walk off the job, or change training stations without the knowledge and consent of the WBL teacher. Should a student resign his or her job without the teacher's approval, OR be fired with just cause, the student will immediately be withdrawn from the WBL Co-op Program, receive NO credit for the semester, and will be re-assigned to the home school.
4. Students want to change jobs during the semester may do so under the following conditions:
  - a. They must first receive their instructor's approval.
  - b. They must give a 2-week notice; stay on good terms with their current employer.
  - c. The change must be career objective-related or seen as an advancement in opportunity. "Because I don't like my current job" is not considered acceptable.
  - d. Failure to comply with these conditions will result in Number 3 above.

As the parent/guardian of the above named student, I feel that the job placement previously outlined is in the best career and academic interest of my child. I/we shall assume all responsibility, accountability, and liability for all acts arising from transportation to and from my/our child's WBL Co-op work site placement. He or she has my permission to drive to and from work before, during, and after regular school hours as part of the WBL Co-op field experience. In addition, my child has permission to travel by bus or private car to local places of educational interest as part of a classroom field trip when the occasion arises. Please circle: Yes or No

My son or daughter's name and photo may be released to the newspaper, Channel 18, or published on the school websites for the purpose of recognition and/or awards. Please circle: Yes or No

### ACCEPTANCE/APPROVAL

I agree to follow the General, Work, and School Requirements set forth in this document and I understand that failure to do so will result in the loss of employment and high school credit.

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

\_\_\_\_\_  
Parent or Guardian Date

\_\_\_\_\_  
Employer Date

**Century Career Center**  
**Work-Based Learning—Training Plan/Hazardous Equipment**

**Employer Information Section:**

Name of Business: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

Student's Job Title \_\_\_\_\_ Hired: \_\_\_\_\_

Students must work a minimum of 15 hours per week to be eligible for the WBL Co-op Program and preferably at least  $\frac{1}{2}$  of the hours should be worked during the school day. If the above named student is admitted to the WBL Co-op Program *approximately* what hours will he or she be working during the school year.

Student's primary job responsibilities will be to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

If the student will be using/operating Hazardous Equipment, please fill out the form below.

Equipment	Use or purpose of equipment

Approximate number of hours will the student be working per week: \_\_\_\_\_

Rate of pay: \_\_\_\_\_ per hour

Employer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYER'S LIABILITY AGREEMENT

The below signed employer \_\_\_\_\_  
(representing \_\_\_\_\_)  
(supervisor's name)  
(boss's name)  
and, as representing \_\_\_\_\_  
(company name)  
do hereby covenant and agree to the following:

That \_\_\_\_\_, a student at Century Career  
(student name)  
Center and \_\_\_\_\_ County, Indiana, may work in the employer's place of  
business in furtherance of the above mentioned student's education.

That I will have in force, at the time of the above mentioned student's employment,  
adequate liability and workman's compensation insurance to cover any and all accidents and  
injury to said student occurring while so employed.

That in case of an accident due to the negligence of myself or any of my employees, I will  
not hold Century Career Center, or any other school that the above mentioned student might be  
attending during the time of the student's employment, liable or responsible for such accident,  
damage or injury.

I hereby waive, release and discharge the schools and all other persons, firms and  
corporations, who are or might be liable, from all claims of any kind and character, which I/we  
might have against Century Career Center or any other school that the above student might be  
attending, on account of any and all damage, losses, or injuries, to person or property, or both,  
either developed or underdeveloped, resulting, or to result, from an accident occurring on or  
about the premises of the above stated business.

Dated at \_\_\_\_\_, Indiana,  
this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
EMPLOYER

## **Work-Based Learning IMPORTANT NOTICES**

- 1) If a student is fired, quits, or walks off the job never to return, etc., I need to be notified that day by the employer and by the student.**

**The student will be removed from the Work-Based Learning program with NO CREDIT.**

**2) Absences**

**If a student misses class, he or she is not allowed to work that day unless it is an absence due to an appointment; for example, doctor, dentist, funeral, etc.**

**If a student has more than three unexcused absences for in school class time (excluding emergency medical, funerals, or prior teacher approval), the student will be removed from the Work-Based Learning program with NO CREDIT.**

Employer Signature \_\_\_\_\_

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

Parent Signature \_\_\_\_\_

Teacher Signature \_\_\_\_\_

### **CONTACT INFORMATION:**

**Cynthi Frye, Work-Based Learning Instructor**

**Century Career Center, Room H121**

**Work Phone: 574.722.3811 Ext. 28121**

**Cell Phone: 574.727.0301**

**School Email: fryec@lcsc.k12.in.us**