#

**Worksite Learning Agreement**

*Fill out all that apply*

|  |  |  |  |
| --- | --- | --- | --- |
| Student: |  | D.O.B. |  |
|  | Last First Initial |  | Mo. Day Year |
| Address: |  |  |  |
|  | Street |  | City, State Zip |
| Phone: |  |  |  |
|  | Home |  | Work |
| Parent/Guardian: |  | Phone: |  |
| School: |  | Coordinator: |  |
|  School Phone: |  | Phone: |  |
| Business Name: |  | Phone: |  |
| Contact Name: |  | Phone: |  |
| Address: |  |  |  |
|  | Street |  | City State Zip |
| Internship: |  | Time/Date: |  |

The purpose of this agreement is to list the responsibilities of each of the participants: the student, business, parent(s) or guardian(s) and the school district.

## The Student agrees to:

1. Be punctual and maintain a good attendance record.
2. Conform to conduct standards, rules and regulations of both the business and the school.
3. Be honest, courteous, responsible, cooperative, and dress according to work requirements.
4. Complete the Student Evaluation Form and return to the Coordinator.
5. Remember at the completion of the learning experience the student is not entitled to a job.
6. Communicate with the School-to-Work (STW) Coordinator if problems arise.
7. Accept responsibility for any negligent actions on the part of the student.
8. Provide proof of accident insurance for the student or purchase site accident insurance from the participating school district. If the parent or guardian does not wish to provide site accident insurance, they must sign a waiver before the student may participate in the program.
9. Provide transportation and assume all responsibility, accountability and liability for travel to and from the work site.
10. Authorize any emergency medical care and/or procedures deemed necessary.
11. Assume all related medical and/or emergency costs.
12. Indemnify and hold harmless the sponsoring school and the participating business, it’s officers, agents and employees from any and all claims, loss, actions, liability or costs including attorney’s fees and other costs of defense arising out of or in any way related to this program or placement.
13. Remember at the completion of the learning experience the student is not entitled to a job.

## The Business agrees to:

1. Provide appropriate job orientation including safety, conduct policies and procedures.
2. Provide an on-the-job supervisor to work with the student.
3. Notify the Coordinator if problems with the student arise.
4. Assure compliance with State and Federal guidelines and regulations regarding non-discrimination against any student on the basis of race, color, national origin, sex or handicap.
5. Complete and return the Student Evaluation Form at the completion of the learning experience.
6. Remember at the completion of the learning experience the business is not required to offer a job to the student.
7. Indemnify and hold harmless a sponsoring school, its officers, agents and employees from any and all claims, loss, actions, liability or costs including attorney fees and other costs of defense arising out of or in any way related to the student’s placement with the business. This indemnity does not extend to the negligence of the student, or to the sole negligence of the district.

## The College and Administrators agree to:

1. Provide related instruction.
2. Evaluate the student progress and.
3. Coordinate the necessary student release forms.
4. Indemnify and hold harmless a sponsoring business, its officers, agents and employees from any and all claims, loss, actions, liability or costs including attorney fees and other costs of defense arising out of or in any way related to the student’s placement with the business. This indemnity does not extend to the negligence of the student, or to the sole negligence of the business.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student |  | Date |
|  |  |  |
| Business Representative |  | Date |
|  |  |  |
| School-to-Work Coordinator |  | Date |

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**Worksite Learning Agreement Liability**

All parties involved indemnify and hold harmless the Skagit Valley College and Mount Vernon Chamber of Commerce its officers, agents and employees from any and all claims, loss, actions, liability or costs including attorney fees and other costs of defense arising out of or in any way related to the student’s placement with the business. This indemnity does not extend to the negligence of the student, or to the sole negligence of the district.

## PROOF OF INSURANCE

|  |  |  |  |
| --- | --- | --- | --- |
| Student: |  | D.O.B. |  |
|  | Last First Initial |  | Mo. Day Year |
| Address: |  |  |  |
|  | Street |  | City, State Zip |
| Phone: |  |  |  |
|  | Home |  | Work |
| Physician: |  | Phone: |  |
| Emergency: |  |  |  |
|  | Phone |  | Contact |
| Insurance: |  |  |  |
|  | Name |  | Number |

I am covered by the insurance listed above and I will continue to keep it in force during the period I am involved in a job shadow, mentoring or internship program. I accept full responsibility for the cost of treatment for any injury, which I may suffer while taking part in the program.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student |  | Date |

## INSURANCE WAIVER

|  |  |  |  |
| --- | --- | --- | --- |
| Student: |  | D.O.B. |  |
| Address: |  |  |  |
|  | Street |  | City, State Zip |
| Phone: |  |  |  |
|  | Home |  | Work |
| Physician: |  | Phone: |  |
| Emergency: |  |  |  |
|  | Phone |  | Contact |
| Insurance: |  |  |  |
|  | Name |  | Number |

I am not covered by private insurance and I accept full responsibility for the cost of treatment for any injury, which I may suffer while taking part in a job shadow, mentor or internship program.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student |  | Date |