



WORK- BASED LEARNING EXPERIENCE AGREEMENT

WBL Coordinator: Carol Taormina 315.963.4419

CTE Principal: Mike Thurlow 315.963.4433

Type of Work-Based Learning Experience: ___ Internship ___ Co-Op

Student Name: _____ Home School District: _____

CiTi CTE Teacher: _____ CTE Course: _____

Length of WBL Experience: _____ Start Date: _____ End Date: _____

Days of the Week: M T W Th F Sa Su Hours: _____

This Agreement is entered into by and between the Center for Instruction, Technology & Innovation (CiTi), **Student**, _____, his/her **Parent/Guardian**, _____, and the Work Experience **Supervisor**, _____, whereby the student will participate in a Work-Based Learning Experience Program at the place of business as indicated below:

Name of Business: _____

Address: _____

Phone: _____

The **student understands** that his/her conduct is a reflection upon the CiTi and agrees that he/she will:

1. Abide by company rules, regulations and policies set forth by the participating business;
2. Demonstrate a conscientious attitude and be honest, punctual, cooperative, courteous and willing to learn while at the WBL Business;
3. Keep regular attendance as agreed upon with the WBL Business, excluding WBL Business observed holidays, days on which the WBL Business is closed or other legal absences and understands that his/her attendance will be taken from his/her weekly attendance reports;
4. Keep regular attendance at his/her home school and the CiTi;
5. Provide his/her own transportation to and from the WBL Business. It is expressly understood that the CiTi, the student's home school, and the WBL Business are in no way responsible for providing the student with transportation to and/or from the WBL Business at any time, or for any incidents or accidents which may occur while the student is en route to or from the WBL Business;
6. Give the WBL Business as much advance notice as possible if unable to report for work or to do so in a timely manner. Also notify CiTi at 315.963.4419 or text message to 315-529.5140;
7. Report to CiTi if the WBL Business is closed during the time in which the student is scheduled to be there;
8. Complete weekly timesheets as required by CiTi CTE Program;
9. Engage in only those work-based learning experiences approved by the supervisor at the WBL Business; and
10. Obtain working papers (employment certificate, if under 18 years of age).

20-21 Office Use Only:

Attendance: _____	Grades: _____	Copies: Student, Instructor, Employer, Home School
SchoolTool: _____	Excel: _____	CTE Office, Business Official, Transportation
Working Papers: _____	Skills: _____	<u>Original</u> : WBL Coordinator

The **Work Experience Business agrees** that it will:

1. Not permit the student to replace any paid employee;
2. Advise the student of all company rules, regulations and policies which relate to the student;
3. Follow all applicable State and local guidance regarding workplace health and safety currently in effect, including, but not limited to cleaning and sanitation, social distancing, limited size of gatherings, and providing adequate personal protective equipment (PPE) for the student;
4. Provide direct supervision by an authorized employee to the student as needed (i.e., the Work-Experience Supervisor) who may perform some of the tasks in this section on behalf of the Employer;
5. Explain to the student the responsibilities and duties of his/her job;
6. Complete an accident report form and return to CiTi CTE program in the event of an accident;
7. Review the student's performance with him/her on a weekly basis and sign a weekly timesheet, complete an evaluation of the student on forms provided by the CiTi;
8. Inform CiTi when the student is absent or not performing adequately by calling Carol Taormina, WBL coordinator at 315.963.4419 or Michael Thurlow, CTE principal, at 315.963.4433.
9. Observe any and all laws and regulations that may relate to the student's work experience including but not limited to New York State Worker's Compensation Law §2 & §10, and Chapter 3 of the Employer's Handbook to Worker's Compensation in New York State;
10. Immediately notify the CiTi CTE program of any injuries involving or sustained by student interns for insurance and liability purposes; and
11. Assure that students will be accepted and assigned to jobs and otherwise treated without regard to race, color, creed, religion, religious practice, national origin, ethnic group, sex (including sexual harassment and sexual violence), gender, gender identity, sexual orientation (the term "sexual orientation" means heterosexuality, homosexuality, bisexuality, or asexuality), political affiliation, age, marital status, military status, veteran status, disability, domestic violence victim status, arrest or conviction record, genetic information or any other basis prohibited by New York State and/or federal nondiscrimination laws, and if applicable, provide equal access to the Boy Scouts and other designated youth groups.

CiTi agrees that it will:

1. Carry the insurance listed for students during class activities including Internships, job experiences and work placement.
 - a. *General Liability Insurance.* The Oswego County Board of Cooperative Services, operating as CiTi, carries general liability insurance to cover up to one million dollars for a single event. As added protection, a ten million dollar umbrella policy is also in effect.
 - b. *Student Accident Insurance.* The Oswego County Board of Cooperative Services, operating as CiTi, also provides student accident insurance for injuries to the student while in such Internship, which insurance is secondary to both the parent/guardian health insurance if the parent/guardian has such insurance, and insurance that may be provided by the student's home district.
2. Assist the student in securing employment regardless of his/her to race, color, creed, religion, religious practice, national origin, ethnic group, sex (including sexual harassment and sexual violence), gender, gender identity, sexual orientation (the term "sexual orientation" means heterosexuality, homosexuality, bisexuality, or asexuality), political affiliation, age, marital status, military status, veteran status, disability, domestic violence victim status, arrest or conviction record, genetic information or any other basis prohibited by New York State and/or federal nondiscrimination laws, and if applicable, provide equal access to the Boy Scouts and other designated youth groups. (All inquiries and/or complaint regarding discrimination should be directed to the Compliance Officer in the District Office, Center for Instruction, Technology & Innovation, 179 County Route 64, Mexico, NY 13114, phone number: 315.963.4286.)
3. Review with the student and the WBL Business their respective responsibilities and obligations while participating in the Program;

The parties/signatories hereby agree that good communication and understanding between them is vital if the objectives of this program are to be met and that joint conferences between the student, WBL Business, Parent/Guardian, Instructor and others may be scheduled from time to time in order to discuss:

1. The student's progress;
2. Any misunderstandings;
3. The reasons for termination of the agreement.

This Agreement is not in effect until signed by all parties. This Agreement may be terminated at any time by any party upon written notice to the other parties.

We, the undersigned, have reviewed and agreed to the terms and conditions set forth herein, including the Work-Based Learning Program TRAINING PLAN on page 4:

STUDENT Name (Print)	Signature	Date
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PARENT/GUARDIAN Name (Print)	Signature	Date
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HOME DISTRICT ADMINISTRATIVE Representative	Signature	Date
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WBL BUSINESS SUPERVISOR (Print)	Signature	Date
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WBL BUSINESS Authorized Rep/Building Admin	Signature	Date
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CiTi PROGRAM INSTRUCTOR (Print)	Signature	Date
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CiTi WBL COORDINATOR (Print)	Signature	Date
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Work-Based Learning – Emergency Contact

WBL Coordinator: Carol Taormina 315.963.4419

CTE Principal: Mike Thurlow 315.963.4433

Authorization for Emergency Treatment of Minors

I/We, being the parent(s) or legal guardian(s) of _____

Name of Minor (Student)

born on ____/____/____ do hereby appoint the following person(s):

Carol Taormina - WBL Coordinator, Mike Thurlow - CITi CTE Principal, or appointed CITi staff to act on my/our behalf in authorizing medical, dental, surgical, and/or hospitalization for the above named minor during the period of my/our absence on the following date(s) _____ to _____ .

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care or hospitalization may be required.

Parent/Legal Guardian Information:

Name:		Signature:	
Address:			
Home Phone:	Cell:	Work:	

Alternate Emergency Contact:

Name:	Relationship:		
Home Phone:	Cell:	Work:	

Student Insurance Coverage for hospitalization, health care:

Insurance Company/Government Program	Identification/Contract #
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Physician Information for Student:

Name:	Phone Number:
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Does the student have any current medical conditions? NO YES If Yes, please explain:

Does the student have any allergies? NO YES If Yes, please explain and describe the reaction:

Does the student currently take any medication? NO YES If Yes, please explain:

Is there any other health or medical information that supervisors should know? NO YES If Yes, please explain:
