CTE INTERNSHIP
Washington County School District

STUDENT TRAINING AGREEMENT

Student Name: _____ _____ _____
last first middle

Phone: _____ Email: _____

Start Date: _____ End Date: _____ Hr/Week: _____

Intern Site: _____ Address: _____

Supervisor Name: _____ Email: _____

The PARTICIPANT agrees to accept, and the Parent/Guardian agrees to support the following:

1. Continue to regularly attend school and the training location. Follow all rules of the program, and to notify the school/program and employer prior to any absences.
2. Demonstrate honesty, punctuality, cooperation, proper grooming, and a willingness to learn.
3. Consult advisor and employer about any problems that arise in the course of the internship.
4. Conform to the rules and regulations of the training site, and maintain confidentiality.
5. Complete required assignments and furnish necessary information, reports, and timesheets.
6. Attend CTE Internship seminars when scheduled
7. Maintain a “C” average grade in all classes
8. If I am paid for my internship, work injuries or occupational diseases sustained or contracted in the course of my internship are covered by the employer’s worker’s compensation insurer.
9. If I am an unpaid intern, work injuries or occupational diseases sustained or contracted in the course of my internship are covered by the local educational agencies’ worker’s compensation insurer. Any additional insurance desired is the responsibility of the parent/guardian.
    a. Should the participant require medical attention after sustaining a workplace injury a worker’s compensation claim may be filed by calling Company Nurse at (888) 375-0279
10. Transportation to and from the internship is the responsibility of the parent/guardian. Under no circumstances will the participant ever transport other students in their vehicle while en route to or from the work experience.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The TRAINING SITE SUPERVISOR agrees to the following:

1. Provide a thorough orientation to the job and training site
2. Provide a meaningful, well-supervised work experience
3. Provide evaluation of performance, time for consultation with, and on-site monitoring visits
4. Keep and complete accurate attendance and/or time records as required
5. Complete participant evaluation forms and program agreement (see attached)
6. Consult the program coordinator/teacher regarding problems related to the work experience
    a. The school district must be contacted before considering suspension/transfer/termination
7. Conform to state and federal labor laws, and provide worker’s compensation coverage for paid interns

Work Site Supervisor’s Signature: _____ Date: _____

The Washington County School District is committed to providing educational and employment opportunities to students without regard to race, age, national origin or disability in accordance with Title VI of the Civil Rights Act of 1964, Title XI of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans With Disabilities Act.