

## Work Experience Education, Workforce Development, and/or Student Intern Agreement

*(Copy of Individual Learning Objective, CDE Curricular Plan for WEE Programs, or Obligations under Grant-Based Payment Programs must be attached before signatures)*

If the participant has a disability for which accommodation in the work setting is agreed, the agreed accommodations should be separately attached to this Agreement

**Select Appropriate Program Below:**

General Work Experience Education (WEE)		Cooperative Vocational Education (COOP) Programs	
Community Classroom		Other – Job Shadowing, Adult Ed., etc.	
Adult Education Program, Workforce Development Opportunities, LEA Funded		District/COE -Grant Based Work Development Program	

Student Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Student ID: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**I am a student enrolled and/or participating in the above-designated program. I will:**

- Attend all scheduled/agreed program days/times at the Site Manager's designated location unless ill or I have a planned absence approved by the designated program coordinator.
- Show honesty, punctuality, courtesy, proper health and grooming habits, appropriate dress, and a willingness to work.
- Call the Site Sponsor in advance when absent or late, although I will provide sufficient time to avoid any late attendance.
- Submit records of all hours, completed assignments, and other requirements according to identified timelines.
- If applicable, transport myself, safely, to and from the Site Sponsor's location (this is my personal obligation for participation).
- Speak with the Program Coordinator to report any changes in tasks/assignments, or problems performing tasks/ assignments. I will speak with the Program Coordinator and gain advice BEFORE abandoning the program.
- Comply with my obligations under the approved program/employer objectives and standards, all laws, District/County Office policies, safe workplace standards, and all directions regarding proper interactions with the Site Sponsor's employees, vendors, customers, or guests.
- If I am an adult, to the full extent allowed by law, I release the Sponsor and the District/Supporting Agency(ies), and their employees/owners/directors, from liability for any risk, harm, or damage to me arising from, or which is in any related to, my participation in this program, unless the alleged responsible party acted with wrongful intent or reckless disregard. I also expressly authorize the Sponsor/District/Supporting Agency to provide emergency medical care.

\_\_\_\_\_  
 Student signature

\_\_\_\_\_  
 Date

**PARENT/GUARDIAN INFORMATION (ONLY FOR MINORS/CONSERVATEES)**

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ ; Cell Phone: \_\_\_\_\_

**I am the Parent/Guardian of the above-student (if a Minor), and hereby agree that I:**

1. Give the Student permission to participate in this program, including off-site/Site Sponsor/Employer locations, and to share any information intended to allow the Student to participate in the program fully and safely,
2. Assume responsibility for the safety and conduct of the student while traveling to and from the off-site location
3. Authorize supervision of the student while off campus by the Site Manager, or their designee,
4. To the full extent allowed by law, release the Sponsor and the District/Supporting Agency(ies), and their employees/owners/directors, from liability for any risk, harm, or damage to me, arising from, or which is in any related to, my participation in this program, unless the alleged responsible party acted with wrongful intent or reckless disregard,
5. Authorize emergency care and treatment by the Site Manager (or designee) and District/Supporting Agency representatives,
6. Will assist the Student in meeting the obligations of this program,

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**SITE SPONSOR/EMPLOYER (EMPLOYER MAY REQUIRE ADDITIONAL FORMS/VERIFICATIONS)**

*(For Student Placements Under Workability, School Credit, or Similar District/COE Programs)*

Name/Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Stipend/Wage: \_\_\_\_\_ Worker's Comp. Ins.: \_\_\_\_\_

**We are the Sponsor/Site Manager for the Designated Program/Employer, and we will:**

1. Comply with our obligations under any approved work experience program objectives and standards, including compliance with any OSHA safety standards, safety training standards, or other regulatory obligations that would generally apply, as well as student confidentiality and privacy standards, whether by law or district/sponsoring agency policy *(for Student Placements Only)*
2. Ensure safe working conditions for the protection of the Student's health, safety, welfare, and morals, and allow for periodic onsite reviews by the Program Coordinator or Supporting Agency to help ensure we are meeting those standards, on reasonable notice
3. Provide adequate adult supervision, training, equipment, materials, facilities, and accommodations for appropriate learning activities, and the carrying out of agreed activities in a safe manner in carrying out tasks/projects for Sponsor
4. Disclose to the Program Coordinator the presence at the site of any registered sex offender(s)
5. Timely and properly complete time/attendance documents, and Student evaluations, as may be requested.
6. Consult with the Program Coordinator regarding Student's performance, and compliance with any disability accommodations.
7. Maintain Worker's Compensation Insurance for my employees
8. Immediately contact emergency response (policy/fire/ambulance), the Parent/Guardian, and the Program Coordinator regarding any health or safety situation impacting the Student
9. Immediately notify the Program Coordinator of any concerns with the Student's actions or behaviors.
10. Review DOL Fact Sheet 71 re: Unpaid Internship Rules (if applicable), and comply with those standards and requirements, or ensure that for paid provisions we comply with Labor Code payment/break schedule/other requirements imposed by law
11. Comply with all workplace anti-discrimination, anti-harassment, and anti-retaliation laws and District/COE policies

\_\_\_\_\_  
Signature of Site Sponsor/Manager and Title

\_\_\_\_\_  
Date

**DISTRICT/COE SUPERVISOR (FOR ANY SUPERVISED PROGRAM OR GRANT-PAID AMOUNTS)**

Agency \_\_\_\_\_ Dept.: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Ph. \_\_\_\_\_

Email: \_\_\_\_\_ Stipend/Wage (if any): \_\_\_\_\_

Sponsoring Grant Program (if any) \_\_\_\_\_ Work Permit Obtained: \_\_\_\_\_

Program Period: Start Date/ \_\_\_\_\_ End Date: \_\_\_\_\_

Program Coordinator (signing below; may change with time) \_\_\_\_\_

**I am the Program Administrator for this Program/Student Placement/Grant-Paid Placement, and I/my Agency will:**

1. Review and approve Student off-site locations, including any required site visits that might be required under applicable regulations or program requirements, including Sponsor interviews to ensure this is a proper placement for all concerned
2. Maintain all program/Student records per grant, educational code, and privacy standards.
3. Consult with Site Manager/Employer, Student, and Parent/Guardian regarding performance, safety, progress, performance, etc., grant compliance as necessary (through my agency or a supporting agency)
4. Provide the workers' compensation insurance for injuries that might be incurred by Student, to the extent such benefits are owed under governing laws and regulations, and waive subrogation against Sponsor and its owners, directors, and employees except in the case of intentional or willfully illegal acts by Sponsor's employees
5. Provide liability insurance for acts/omissions by the Student while under the supervision of the Sponsor's assigned or designated mentors or supervisors, for Student's acts/omissions within the agreed placement curricula and standards
6. Ensure that appropriate curricula/standards/expectations are placed in writing, reviewed, and expressly approved in writing by all concerned parties, and then monitored for compliance (through my agency or a supporting agency)

\_\_\_\_\_  
Program Coordinator  
(Authorized District/COE or Supporting Agency Rep.)

\_\_\_\_\_  
Date

**Non-discriminatory Statement:** "No person shall be excluded from participation in or denied the benefits of any local agency's program or activity on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability in any program or activity conducted by an educational institution or any other local agency, which is funded directly by, or that receives benefits from any state financial assistance." (5 CCR, Ch. 5.3, SubCh. 1, Art. 1)

## Coordinator Work Experience Checklist

### Before the Work Experience – Coordinator Should

- ✓ ***Review The Work Experience/Internship Program and Any Associated Requirements/New Requirements:***
  - Program Requirements
    - WEE programs may require curricular submissions depending on placement/historic placements
    - Grant programs/including paid programs, may have participation standards/requirements
    - District/COE may also have adopted other requirements (grades, year in school, etc.)
    - Externally created “internships” are **not** necessarily a District/COE concern absent a desire for credit or sponsorship by the Sponsor/Employer. Risks should not be created by participation in non-approved programs; when in doubt, seek legal guidance and/or confirm prior District/COE sponsorship
  - Confirm Time-frames and any external requirements/limits on time of participation
  - Staff support, ensuring support staff knows roles/requirements
  - Determine if Payment is/will be made, source, and type (stipend, and its limitations, or wages)
  - Timely completion of necessary forms (District/COE and external placement forms)
    - External placements may have their own “forms” and “placement agreements” needing to be timely reviewed/approved (approval only by designated District/COE representative for executing contracts and agreements), particularly in avoiding conflicts or unexpectedly assumed obligations
    - Paid/Unpaid Paid programs, particularly those creating “employment” relationships, will have their own forms and review processes, recognizing that in California “joint employer” relationships may exist that should be reviewed/evaluated by District Counsel or advisors.
    - ***Coordinator Must Ensure that all Forms/Documents are in a Confidential Program File before the Student commences the work/program.***
- ✓ ***Identify Interested and Qualified Students:***
  - Students Must meet Program, Grant, or other participation requirements, with a review process implemented to ensure qualification standards are met.
  - Select and refer qualified and appropriate candidates for external interviews matching program and student goals; Students may also present options to the District/COE, but there should be a confirmed “match” with the Sponsor/Employer supervisor.
  - Review with Student and (if a Minor) Parent/Legal Guardian the Program Agreement, including learning objections and terms/conditions. This should also include transportation obligations and any safety issues.
- ✓ ***Identify Interested and Qualified Sponsors/Employers:***
  - Review legal status (correct legal name, good standing/all current licenses, existence of insurance covering their legal/workers’ compensation liability, legal background checks)
  - Conduct a review of the physical premises (most programs) to ensure physical safety issues/standards
  - Ensure understanding of Confidentiality, Cooperation, and Compliance Standards (Review Form)
  - For Paid Programs – Ensure Grant/Program Requirements and Ensure that All Appropriate Forms are executed by Legal Entity.