



**Work Experience Education (WEE)  
Student Training Agreement**  
(Copy of Individual or CDE-Approved Curricular Plan must be Attached)

Select appropriate program:

- General Work Experience Education (WEE)                       Community Classroom  
 Cooperative Vocational Education (COOP) Programs

**Student Information**

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

**I am a Student enrolled in the above-designated program, and agree that I:**

1. Will attend all scheduled/agreed work experience program days/times at the Site Manager's designated location unless ill or on an absence is approved by the WEE Coordinator
2. Will show honesty, punctuality, courtesy, proper health and grooming habits, appropriate dress and a willingness to work.
3. Will call the Site Sponsor in advance when absent or late
4. Will timely and thoroughly submit weekly records of all hours attended, completed assignments, and other requirements
5. Will transport myself, safely, to and from the Site Sponsor's location
6. Will call the WEE Coordinator to report any and all job changes or problems. I will inform the WEE Coordinator and seek advice BEFORE quitting my job.
7. Will comply with my obligations under the approved WEE program objectives and standards
8. Will comply with all laws and District Policies, and the terms of any governing individual or curricular plan

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

\_\_\_\_\_  
Date

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_; Cell Phone: \_\_\_\_\_

**I am the Parent/Guardian of the above-student, and hereby agree that I:**

1. Give the Student permission to participate in this program, including off-site/Site Sponsor locations
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 his/her designee
4. Release the Sponsor and the District, and their employees/owners/Directors from liability for any risk, harm or damage to the Student, to the fullest extent allowed by law, for participating in this program
5. Authorize emergency care and treatment by the Site Manager (or designee) and District representatives
6. Will assist the Student in meeting the obligations of this program

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

\_\_\_\_\_  
Date

## Site Sponsor/Manager

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Worker's Comp. Ins.: \_\_\_\_\_

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

1. Comply with our obligations under the approved work experience program objectives and standards
2. Ensure safe working conditions in the protection of the Student's health, safety, welfare, and morals
3. Provide adequate equipment, materials, facilities, and accommodations for appropriate learning activities
4. Disclose to the WEE Coordinator the presence at the site of any registered sex offender.
5. Complete time/attendance documents, and Student evaluations.
6. Consult with the WEE Coordinator regarding Student's performance.
7. Maintain Worker's Compensation Insurance.
8. Provide adequate adult supervision and training
9. Immediately contact emergency response (policy/fire/ambulance), the Parent/Guardian, and the WEE Coordinator any health or safety situation impacting the Student
10. Notify the WEE Coordinator immediately of any problems or concerns with the Student's actions or behaviors.
11. Have reviewed DOL Fact Sheet 71 re: Unpaid Internship Rules

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

\_\_\_\_\_  
Date

## Work Experience Coordinator

Name: \_\_\_\_\_  
Dept.: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### **I am the Work Experience Education Coordinator, and I will:**

1. Review and approve Student off-site locations.
2. Conduct a minimum of 2 site visits/semester
3. Maintain all program/Student records per Ed Code.
4. Consult with Site Manager, Student, and Parent/Guardian regarding performance, safety, progress, performance, etc. as necessary.

\_\_\_\_\_  
Work Experience Coordinator

\_\_\_\_\_  
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)