

Work-Based Honors Program

AGREEMENT

Work-based learning allows students to go beyond the classroom and into the community to develop student competence. This agreement will be used to cover three types of work-based learning experiences. These include: Advanced Studies or Internship (both paid and unpaid).

Under this agreement, a student will receive high school Honors credit for his/her work experience. This credit will only be issued if all requirements are met and proper documentation is provided. All students eligible for high school credit will follow the same guidelines to ensure consistency and fairness. Work-based learning opportunities are open to any student regardless of age, sex, race, religion, national origin, handicapping conditions, pregnancy, parental, or marital status.

Student Name: _____ Grade: _____

Type of Work-based experience: _____ Internship (Honors) _____ Advanced Studies (Honors)

Name of Work Site: _____

Address of Work Site: _____

Supervisor Name: _____ Supervisor Phone Number: _____

Supervisor Email address: _____

Designated time period of release from school: _____
(Ex. 1st period/1st semester)

The above-mentioned agency will permit the above-mentioned student to enter their establishment for the purpose of gaining knowledge and experience as (a, an) _____ for _____ hours per semester.
(Occupation)

1. If compensation is earned, it will be in accordance with existing local standards, labor laws and policies. In addition, all federal and state laws governing employment, child labor, minimum wages, and other applicable regulations must be followed.
2. The student will abide by all school policies while on the work site.
3. The parent or guardian is responsible for the conduct of the student at the site and is also responsible for his or her transportation and personal/school insurance.
4. The parent/guardian, on behalf of themselves and the student, hereby waives and releases the school district, work site, and their representatives from any and all claims for property damage or personal injury that may arise from the student's participation in the work-based learning program.
5. The Career Development Coordinator will have the authority to transfer or withdraw the student when he/she deems such action to be in the best interest of those concerned.
6. The work of the student will be under the direct supervision of a qualified and experienced person with the tasks to be performed under safe and hazard free conditions.
7. The student, work site supervisor, Career Development Coordinator or Advanced Studies teacher and parent/guardian shall communicate regularly. This action will ensure that each party involved is aware of the student's progress and evaluation.

Work Site Supervisor and date

Student Signature and date

CDC or Adv Studies teacher signature and Date

Parent Signature and date

BUNCOMBE COUNTY SCHOOLS

**175 Bingham Road
Asheville, NC 28806**

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INSURANCE WAIVER FORM

I have adequate personal insurance and therefore release the Buncombe County Board of Education, the Special Services Department of Buncombe County Schools, and their employees from any responsibility in the event my child is injured as a result of participation in a school work-release CTE program.

I understand that if I do not have personal insurance, I can obtain insurance through the school system.

The insurance coverage on my child is with _____.

Policy Number _____ through the _____ Co.

(Please provide a copy of your policy card with application)

Student's full name _____
Last First Middle

Address _____
Street/PO Box City State Zip Code

Signed: _____ Date: _____
(Parent or legal guardian)

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CONTRACT

The student, parent and work site supervisor should sign this contract at the time of acceptance into the program.

I, _____, agree to abide by the following conditions:

1. Maintain excellent attendance at school and on the work-based learning site. If a student is unable to attend school, it is understood that he/she is unable to report to the site that day. It is the responsibility of the student to contact the site supervisor if he/she is going to be absent.
2. Proper checkout procedures are to be followed per school guidelines.
3. Complete the proper work-based learning documentation forms in order to receive credit for the course. (Forms are available in the course posted – your school based mentor will facilitate this.)
4. Complete a minimum of 135 contact hours.
5. Understand that if a student has to be removed from or fails to complete the work-based learning experience, he/she will not receive course credit. If this does occur, he/she will be required to return to campus and arrangements will be made for the completion of the semester.
6. Communicate with the Work Site Supervisor, Advanced Studies teacher and the Career Development Coordinator.
7. To comply with NC State Law, if the student is receiving compensation, students under the age of 18 are required to file a Worker's Permit with their employer upon acceptance of work.
8. Understand that work-based learning opportunities are open to any career and technical student regardless of age, sex, race, religion, national origin, handicapping conditions, pregnancy, parental, or marital status.

(Work Site Supervisor Signature and date)

(School Principal of Work Site Signature and date)

(Student Signature and date)

(Parent/Guardian Signature and date)

(School Based Mentor Signature and date)

(Career Development Coordinator or Advanced Studies
Teacher Signature and date)

*Must be completed
and returned to
register for the course.*

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APPLICATION

Student Name: _____ Current Grade Level: _____

Student Email Address: _____ Student Number: _____

Student Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Home Phone Number: _____ Cell or Work Number _____

In Case of Emergency Notify: Name _____ Phone Number _____

I am applying for an: _____ Internship (Honors) _____ Advanced Studies (Honors)

1. My academic and career goals are: _____

2. My goals for this work-based learning experience are: _____

3. Experiences and school courses that relate to this work-based learning experience are:

Current GPA: _____

Number of Days Absent This School Year: _____

Method of Transportation: _____

Health Insurance Carrier and Policy Number: _____

(Please provide a copy of your policy card with application)

Work Site: _____

Work Site Address: _____

Work Site Phone Number: _____

Site Supervisor's Name: _____

(Student Signature and Date)

(Parent/Guardian Signature and Date)

(Career Development Coordinator or Adv. Studies
Teacher Signature and Date)

(Site Supervisor's Signature and Date)

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SKILLS DEVELOPMENT PLAN

--To be completed by the site supervisor and the student and returned to the Career Development Coordinator or Advanced Studies Teacher

Name _____ Work-based Learning Site: _____

For the best learning experience, please think about a unique role or responsibility this student can have in the workplace. If possible, assign tasks that help the student learn about:

- The mission and purpose of the organization
- Particular job-related skills
- Administrative support
- An opportunity to explore the field the business/organization works in

Note: At the end of the program, the student will be required to present a Capstone Project and make a presentation that conveys his/her key learning.

Please describe the student's key areas of responsibility below, with sample tasks listed under each area:

Work Site Supervisor and Date

Student Signature and Date