

Insurance Acknowledgement

Flagstaff Unified School District's liability insurance covers only the District, its assets, and its agents (employees and board members). I understand that my student will be leaving school to participate in a workplace setting under the Flagstaff Unified School District's Work Based Learning Program, and the District's liability insurance will not cover my student. I am responsible and liable for my student's actions while at the workplace or traveling to and from the workplace.

My student's assigned workplace may involve health and safety hazards. Flagstaff Unified School District does not provide health insurance for students. I have been advised that student health insurance is not the responsibility of the District and I am responsible for any insurance coverage for my student during participation in the Work Based Learning Program.

By signing, I acknowledge that I have read and understood the District's position on insurance pertaining to my student.

Student signature

Date

Parent / Guardian signature

Date

Student name (please print)

Parent / Guardian name (please print)

Confidentiality Agreement

I understand that I may have access to confidential client/patient information and confidential information about the business and financial interests of my employer (referred to as "Business Partner" in this Agreement). I understand that Confidential Information is protected in every form, such as written records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all existing and future Business Partner policies and procedures to protect the confidentiality of Confidential Information. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information, unless it is permitted by the Business Partner policy.

I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else's authentication code or device, password, key card, or identification badge. I agree not to allow any other person to have access to the Business Partner's information systems under my authentication code or device, password, key card, or identification badge. I agree to notify the appropriate administrator immediately if I become aware that another person has access to the Business Partner's information password, key card, or identification badge, or otherwise has unauthorized access to the Business Partner's information system or records.

I agree that my obligations under this Agreement continue after my employment or my time as a volunteer, employee, or intern ends.

I agree that, in the event I breach any provision of this Agreement, the Business Partner has the right to reprimand me or to suspend or terminate my employment or volunteer status with or without notice at the discretion of the Business Partner, and that I may be subject to penalties or liabilities under state or federal laws. I agree that, if the Business Partner prevails in any action to enforce this Agreement, the Business Partner will be entitled to collect its expenses, including reasonable attorney's fees and court costs.

Business Partner / Mentor	Date		
Student signature	Date	Parent / Guardian signature	Date

Student name (please print)

Parent / Guardian name (please print)

If student is younger than 18 years of age, a parent / guardian signature is required.

Liability & Photographic / Media Release Agreement

Student name:

Age:

Mailing address:

Parent/Guardian phone:

Parent/Guardian e-mail:

In consideration of Flagstaff Unified School District ("FUSD") agreeing to photograph or interview me and in consideration of the use of the facilities and services provided to me by the Flagstaff Unified School District, the undersigned, both individually and on behalf of the undersigned's children, spouses, heir and legal representatives, does hereby:

1. Consent to the use and release to FUSD of my name and my likeness, whether in still, motion pictures, or video tape, my photograph and/or other reproduction of me or my property, including my voice and features, with or without my name, for any editorial, promotion, trade business or other purpose whatsoever. FUSD may exercise its rights in any way it sees fit for its productions, for advertising and for other purposes. I intend for FUSD to rely upon this release and understand that it is irrevocable; and

2. Agrees to release, not to sue, and to indemnify and hold harmless FUSD for, from and against any and all injuries, claims, demands, damages, actions, causes of action, suits or judgments of any kind or nature whatsoever (including attorneys' fees and other costs in the defense of any such claim or suit) brought by myself or on behalf of myself as a result of any loss, damage or injury to any persons or property arising out of or in any way relating to any action, inaction or participation in any video or photographic productions of the FUSD.

The undersigned further agrees that FUSD may use or cause to be used, these items for any and all broadcasts, publications or reproductions, without limitation or reservation or any fee.

Student signature

Date

Parent/Guardian signature

Date

Student name (please print)

Parent/Guardian name (please print)



Work Based Learning Training Agreement

Student Name:	Date of Birth:	Age:
Mailing Address:	Social Security Number:	
Phone:	E-mail:	
MENTOR INFORMATION		
Mentor Name:	Business Name:	
Business Address:		
Mentor Phone:	E-mail:	

For the Work Based Learning Program to be fully effective, it is mandatory that certain rules and regulations be followed. The student, his/her parent/guardian, the WBL site coordinator and the business partner/mentor must agree to fulfill the following responsibilities:

Student

Student recognizes that the work based learning experiences will contribute to his/her career objectives and agrees to the following:

- 1. Understands there is no guaranteed or assigned workplace.
- 2. Accepts responsibility for providing transportation to and from the workplace.
- 3. Abides by the rules, regulations, policies and procedures of the workplace, the Flagstaff Unified School District, and the Work Based Learning Program.
- 4. Understands that once a position is accepted, a commitment has been made to the business partner/mentor. It is expected that the student-learner will be at the business partner company for the length of the work based learning commitment.
- 5. Responsible to be at the workplace every scheduled day at the appointed time.
- 6. Follow the directions of the business partner/mentor.
- 7. Do nothing intentionally to disrupt the normal routine of the workplace.
- 8. Exercise confidentiality and respect with regard to information gained at the business partner and business partner staff with regard to the Work Based Learning Program and WBL site coordinator.
- 9. Be prompt and accurate in completing all required assignments, forms and reports for the Work Based Learning Program, WBL site coordinator, and the business partner/mentor.
- 10. Agrees to demonstrate courtesy, a cooperative attitude, dress appropriate for the work environment (including safety equipment as required by employer), and a willingness to learn. Behavior to the contrary may lead to dismissal from the Work Based Learning Program and/or the business partner.

- 11. Understands that any breach of trust, professionalism or ethical behavior (i.e. any evidence of dishonesty with money, merchandise, time or effort) may result in dismissal from the Work Based Learning Program and/or the business partner.
- 12. Agrees to communicate with the business partner/mentor and the WBL site coordinator at all times.

Parent / Guardian

Parent/guardian understands and acknowledges the following:

My child wishes to participate in the Flagstaff Unified School District Work Based Learning Program. I realize there are inherent workplace risks involved in my child's participation. Although a rare occurrence, I recognize the possibility that my child may suffer an injury as a result of participation in this program. I agree to accept these risks as a condition of my child's participation in this program.

Furthermore, I understand that notifications of any pre-existing conditions that may create an additional risk for my child are disclosed below to all parties signing this form.

My child:

does **NOT** have a pre-existing condition that may create an additional risk for him/her.

has a pre-existing condition(s) that creates additional risk for him/her. I understand that, because of his/her condition, the special risks for my child are:

I understand these concerns and agree to follow all directions and recommendations of my child's physician.

The Parent/guardian further agrees to:

- 1. Commit to support the student, business partner/employer-mentor, and Work Based Learning Program.
- 2. Participation of the student in the Work Based Learning Program and will encourage the student to effectively carry out duties and responsibilities both in the classroom and at the training site.
- 3. Contact the WBL site coordinator regarding all questions/concerns pertaining to the business partner/mentor experience.

Business

The business partner/mentor agrees to:

- 1. Abide by federal, state, and local regulations regarding employment, job duties and the provisions of an equal opportunity employer.
- 2. Understand and enforce child labor laws (DOL 579.50 subpart E) regarding occupations particularly for the employment of minors between the ages of 16 and 18 of age order, and the exceptions to the order for non-agricultural work.
- 3. The work of the student-learner in the occupation declared particularly hazardous shall be incidental to the training and such work shall be intermittent and for short periods of time, and under the direct and close supervision of a qualified and experienced person.
- 4. Provide applicable general safety guidelines to the work environment.

- 5. Understanding the status of the student while in training shall be that of student-learner; however, work standards expected of the student will be the same as those expected of other beginning workers.
- 6. Function as a training site, and as such a mentor will be assigned to the student. This mentor will be allowed time to work with the student so that this work based learning will be a viable educational experience.
- 7. Provide a variety of related experiences for the student consistent with his or her career/occupational competencies.
- 8. Follow the training plan (a schedule of organized and progressive work experiences) to be performed at thesite.
- 9. Understand that once a position is accepted, a commitment has been made to the student. It is expected that the student will be at the business partner company for the duration of the work based learning commitment unless a serious situation arises or prior arrangements have been made.
- 10. Exercise confidentiality in regard to information gained during the Work Based Learning Program.
- 11. Assist in the evaluation of the student.
- 12. Contact the WBL site coordinator if any problems arise regarding the student.
- 13. Work with WBL site coordinator to mutually agree to transfer or withdraw the student when he/she deems such actions to be in the best interest of those concerned.

WBL Site Coordinator/Teacher

WBL site coordinator agrees to:

- 1. Ensure the enrollment of the student is in a state-approved CTE work based learning program.
- 2. Provide related classroom instruction, including safety instruction (especially for hazardous occupations), and make provisions for the student to receive additional workplace readiness instruction.
- 3. Periodically observe the student on the job and to visit with the business partner/mentor in order to aid in the student's development.
- 4. Consult with the business partner/mentor in the evaluation of the student.

Student, Parent/Guardian, Business, WBL Site Coordinator

By signing below each party agrees to the terms of this agreement and the rules, regulations and provisions of the Work Based Learning Program. Failure to comply with this agreement in whole or part, may result in the dismissal of the student from the Work Based Learning Program, disciplinary action, possible failure of course and/or loss of credit.

Student signature	Date	Parent / guardian signature	Date
Business partner / mentor signature	Date	WBL site coordinator signature	Date

CTE Work Based Learning Training Plan

Student name:	 -
Business partner / mentor:	
Business partner company:	 -
WBL site coordinator:	 _
CTE program of study: CTE program courses completed & dates of enrollment:	 -

CTE program courses in progress & dates of enrollment:

Purpose of the Training Plan:

The Training Plan is a mutually agreed upon guide among the business partner / mentor, the student, and WBL site coordinator as the targeted progression of skills to be obtained by the student on the training site by the conclusion of the CTE WBL experience. The minimal state standards (including state workplace standards and state CTE program standards) listed are to be addressed according to the agreed upon training plan. The student's career goal will be used as the focus for the development of the training plan. Progress checks will be conducted regularly.

Workplace Employability Skills Standards	Date Achieved	Approved by (initials)
Complex Communication – Employs complex communication skills in a manner that adds to organizational productivity		
Collaboration – Collaborates, in person and virtually, to complete tasks aimed at organizational goals.		
Thinking and Innovation – Integrates expertise in technical knowledge and skills with thinking and reasoning strategies to create, innovate, and devise solutions		
Professionalism – Conducts oneself in a professional manner appropriate to organizational expectations		
Initiative and Self-Direction – Exercises initiative and self-direction		
Intergenerational Cross-Cultural Competence – Interacts effectively with different cultures and generations to achieve organizational mission, goals and objectives		
Organizational Culture – Functions effectively within an organizational culture		
Legal and Ethical Practices – Observes laws, rules and ethical practices		
Financial Practices – Applies knowledge of finances for the profitability and viability of the organization		

Date Achieved	Approved by (initials)
	Date Achieved

Business Partner / Mentor Goals - goals can include specific job functions	Date Achieved	Approved by (initials)
Read company philosophy and/or mission statement		
Follow company policy and procedures including attendance (Who do I contact when I need to miss?)		
Comply with company safety standards		
Describe company hierarchy		
Learn company hiring and promotion process		

Student Goals - Goals will include skill sets leading to career goal		Approved by (initials)
Obtain a CTE Internship experience in my career choice		
Complete the required hours for my CTE Internship experience		
Identify next steps in my career plan		
Receive a recommendation letter from my employer/mentor		

L I I The business partner / mentor carries the responsibility to comply with all applicable federal and state laws. The CTE WBL experience will not interfere with the schooling of the minor or with their health and well-being.

I have received and read a copy of my responsibilities and will abide by them:

Student:	Date:
Business partner / mentor:	Date:
WBL site coordinator:	Date:



Time & Wage Log

Student name:	
Business name:	
Mentor name:	

	Date	Start Time	End Time	Hours Worked	Estimated Wages
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
			Weekly Totals		

	Date	Start Time	End Time	Hours Worked	Estimated Wages
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
			Weekly Totals		

I certify that these hours are accurately reflected for the weeks specified above.

Student signature

Business partner / mentor signature

Journal Entry(ies) – For time frame recorded on front of this sheet

Reflections recorded in this journal should address how your work experiences are helping you make progress toward
the achievement of the goals and standards on my Training Plan.