

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)

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 INFORMATION

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.

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		

CTE Program Standards - <i>Select the six CTE program standards that best relate to your internship responsibilities</i>	Date Achieved	Approved by (initials)

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

Student Goals - <i>Goals will include skill sets leading to career goal</i>	Date Achieved	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		

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: _____



College & Career Development
928-527-6114
3285 East Sparrow Avenue, Flagstaff, AZ 86004

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	Date	Business partner / mentor signature	Date
-------------------	------	-------------------------------------	------

