



**Eugene School District 4J
Career Related Learning Experiences
Mentorship Agreement**

Student Name (print) _____ Today's Date _____

School _____

Business Name _____ Phone _____

Business Address _____

Mentor Name _____ Title _____

Mentorship Days & Times _____

The following Agreement needs to be read carefully by the Student, Parent/Guardian and the Business Site Supervisor. Information needs to be filled out completely and signed by each party of the Agreement, who may want to keep a copy for their files. Return the Agreement to the Career Related Learning Experience Coordinator.

Direct questions to the Career Related Learning Experience Coordinator:

Name

Phone Number

The Student Agrees To:

- Understand she/he will receive no pay for any work done in this work experience.
- Not file any unemployment claims.
- Be on time and attend regularly.
- Notify the Business Site Supervisor/Mentor in case of absence, lateness or illness, in advance.
- Exercise honesty, courtesy, have a cooperative attitude. Respect company rules.
- Exercise proper health and grooming habits. Dress appropriately for the business culture.
- Be open, willing to learn, accept direction and constructive criticism.
- Attend class at school regularly and keep passing grades. Read and complete assignments and take responsibility to turn them in at the appropriate times.
- Regularly maintain contact with the Career Related Learning Experience Coordinator and Teacher.
- Not terminate or increase placement hours without discussing it with the Career Related Learning Experience Coordinator and Teacher.
- Notify the Career Related Learning Experience Coordinator and teacher of any problems, issues or questions.
- Be responsible for having the placement agreement filled out, signed by the appropriate people and turned in on time.
- Receive credit according to terms met.
- Read and sign the Parent/Guardian part of this Agreement, if 18 years of age.

The Business Site Supervisor/Mentor Agrees To:

- Not pay the student any wages.
- Not displace or fail to hire any regular worker because of the student's work.
- Determine that commercial general liability insurance for business (including liability arising from student activities at the work site) is in effect.
- Provide a positive and safe learning environment and experience.
- Be available to the students for questions, help and to provide guidance, etc.
- Clearly define the company's expectations and the student's job responsibilities.
- Provide other learning opportunities (observations, meetings etc.) when possible.
- Notify the School-to-Work Coordinator of any problems with the student.
- Notify the Career Related Learning Experience coordinator if the student is no longer participating in the placement, or if there is a request to increase placement hours.
- Complete a final evaluation on the student.
- Not require the student to work on school holidays.
- Be a Designated 4J Volunteer.
- Complete a Confidential Information form and agree to the statement that he or she has informed the District of any convictions other than a minor traffic violation. (The District will consider this information and the results of the Confidential Information form when making a placement decision.)

The Parent/Guardian Agrees To:

- Support the student in the Internship and the responsibilities of it.
- Give permission for the student to participate fully.
- Give permission for the student to leave school campus for the placement.
- Arrange for transportation to and from the Business site.
- Accept liability and responsibility for the student's travel to and from the Business site.
- Support student in being responsible for attending regular classes and meeting responsibilities and obligations accordingly.
- Accept responsibility for any negligent actions on the part of the student.
- Agree to indemnify and hold harmless the sponsoring 4J school, Eugene
- School District 4J, it's officers, agents, and employees from any and all claims, loss, actions, liability or costs including attorney's fees and other costs of defense brought by the student and arising out of or in any way related to this experience and/or placement. Authorize any emergency medical care and/or procedures deemed necessary.
- Assume all related medical and/or emergency costs.

All Parties Understand and Agree the Student Will Be:

Covered by Eugene District 4J general liability insurance during the scope of this placement for unintentional bodily injury or property damage to a third party.

Parents, Please Provide the Following Information:

Transportation Type to Be Used _____

Student Covered by Auto Insurance yes no

Name of Auto Insurance Company _____

Auto Insurance Company Address _____

Policy Number _____

Agent Name _____ Phone _____

Student Covered by Medical Insurance yes no

Name of Medical Insurance Company _____

Medical Insurance Company Address _____

Policy Number _____

Agent Name _____ Phone _____

Students are accepted and placed without regard to age, disability, national origin, race, marital status, parental status, religion or gender.

Student Name (print)

Student Signature and Date

Parent/guardian Name (print)

Parent/guardian Signature and Date

Business Site Supervisor Name and Phone (print)

Business Site Supervisor Signature and Date

Business Insurance Information

Insurance Company _____

Insurance Company Address _____

Agent Name _____ Phone Number _____

General Liability Policy Number _____

Career Related Learning Experiences Coordinator (print name)

Phone