



Eugene School District 4J
Paid Career Related Learning Experiences
Agreement

Work Experience Apprenticeship Mentorship

Student Name (print) _____ School _____

Business & Phone _____

Internship 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 Experiences Coordinator.

The Student Agrees to:

- Understand she/he will receive no pay for any work done in this placement.
- Be on time and attend regularly.
- Notify the Business Site Supervisor in case of absence, lateness or illness, in advance.
- Exercise honesty, courtesy and have a cooperative attitude. Respect company rules.
- Dress appropriately for the business culture.
- Not terminate or increase placement hours without discussing it with the Career Related Learning Experiences Coordinator and Teacher.
- Notify the Career Related Learning Experiences 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.
- If 18 years of age, read and sign the Parent/Guardian part of this Agreement.

The Business Site Supervisor Agrees to:

- Pay the student wages for work performed during this placement.
- 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.
- Be available to the students for questions, help and to provide guidance, etc.
- Determine that workers' compensation insurance coverage is in effect for student workers.
- Clearly define the company's expectations and the student's job responsibilities.
- Notify the Teacher and Career Related Learning Experiences Coordinator of any problems with the student.
- Notify the Teacher and Career Related Learning Experiences 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. (Volunteers have 4J liability insurance coverage for unintentional injury to third parties.)
- 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 work experience 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.
- Accept responsibility for any negligent actions on the part of the student.
- Indemnify and hold harmless the sponsoring 4J school, Eugene School District 4J, its 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 paid work 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 Workers' Compensation Insurance by the business site for injuries incurred during the scope of this placement, but that time-loss payments are not applicable and the student is not entitled to time-loss payments.
- Covered by the business site 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