

**SCHOOL-TO-CAREERS
WORK-BASED LEARNING
STUDENT COMMITMENT**

Please check one of the following:

Apprenticeship Paid Internship Unpaid Internship Cooperative Work Experience

Student Name _____

Work Site Name _____ Work Site Supervisor _____

Days Scheduled _____ Hours of Day _____

I AGREE TO ALL OF THE FOLLOWING:

1. To understand how my roles and responsibilities contribute to the success of my department and the total organization.
2. To notify my work site supervisor prior to my absence.
3. To notify my school supervisor if any problems or concerns arise regarding my work-based experience. I understand that poor attendance or termination without notifying the school supervisor will result in a failing grade. A failing grade is not negotiable.
4. To regularly attend and be on time at my assigned work site.
5. To conform to the standards (dress, grooming, conduct, etc.) of the work site.
6. To make every effort to do my best at the work site.
7. To consult with my school supervisor on a regular basis regarding my work-based experiences. (The school supervisor issues the final grade.)
8. To notify my school supervisor should an accident or illness cause me to miss a day at the work site.
9. To complete and submit required forms and assignments at the designated times and participate in required activities.
10. To inform parent(s) or guardian(s) of any changes in the work-based learning agreement.
11. To be continually insured with a health insurance policy either through my parent or guardian or through the purchase of school insurance, unless health insurance is provided by my employer.
12. To hold a valid drivers license and be insured with at least the state required minimum insurance if I am driving to the work site.
13. To be successful in the related class(es).
14. To follow all work site safety and other policies, procedures and regulations as they have been explained.

Student
Signature _____

Parent/Guardian
Signature _____

Date _____

Date _____