



Henderson Bay Big Picture School, Peninsula School District 401

Internship Learning Agreement

Instructions:

Prior to Internship Setup Meeting:

Parents fill out section 2 to 7 and 11. Student signs section 10, and second to last page of packet.

During the internship Setup Meeting:

Advisor fills out section 8, 9 and 10.

At or after the Setup Meeting:

Mentor/Supervisor fills out section 12 and 13 and last page of packet.

All signers will receive a PDF copy of the completed document by email when signing is complete

Section 1: School Information

| | | | | | |
|-------------------|---|-------|----|-----|-------|
| School | Henderson Bay Big Picture School | | | | |
| Program | Tuesday / Thursday Learning Through Interests Program | | | | |
| Coordinator | Erin Tesdahl | | | | |
| Address | 8402 Skansie Avenue | | | | |
| City | Gig Harbor | State | WA | Zip | 98332 |
| Coordinator Email | tesdahle@psd401.net | | | | |
| Coordinator Phone | 253.530.1748 | | | | |

Section 2: Student Information (to be completed by Parent/Guardian)

| | | | | | |
|-------------------|--|---------------|--|-----|--|
| Student Full Name | | | | | |
| Grade | | Date of Birth | | | |
| Street Address | | | | | |
| City | | State | | Zip | |
| Student Email | | | | | |

Section 3: Parent/Guardian Information

| | | | | | |
|---------------------------|--|-------|--|------|--|
| Parent/Guardian Full Name | | | | | |
| Home Phone | | Bus. | | Cell | |
| Street Address | | | | | |
| City | | State | | Zip | |
| Email | | | | | |
| Parent/Guardian Full Name | | | | | |
| Home Phone | | Bus. | | Cell | |
| Street Address | | | | | |
| City | | State | | Zip | |
| Email | | | | | |

Section 4: Assurance of Insurance (to be completed by Parent/Guardian)

The Parents or Guardians and the Student understand that even though this is a non-paid position, the Student will perform functions which may involve risk or injury as if s/he were a paid employee.

I, _____(Parent/Guardian) recognize that in case of injury to my child, the cost of treatment is my responsibility and not the responsibility of the Peninsula School District. I also recognize that the Peninsula School District does not carry primary medical insurance for such injuries and is not responsible for any costs relating to treatment. I understand that I am responsible for providing adequate medical coverage in the event my child is injured while participating in the Worksite Learning Program. I will notify my child's School Worksite Learning Coordinator immediately if there is a change in medical coverage during my child's participation in the Worksite Learning Program.

Please check the appropriate statement below:

YES: _____ I have adequate insurance coverage.

| | |
|------------------------------------|--|
| Insurance Company (Medical) | |
| Policy Number | |
| Insurance Company (Dental) | |
| Policy Number | |

NO: _____ I do not have adequate insurance coverage and wish to enroll my child in the third party provider insurance program information available in the counseling office at HBBP by the Peninsula School District. (Please note that forms may be picked up in the HBBP Counseling office.)

NO: _____ I do not have insurance but will be responsible for the cost of any and all treatment my child may require as a result of participating in the Worksite Learning Program. I understand that it is not the responsibility of the Peninsula School District if I choose not to have insurance coverage for my child.

I UNDERSTAND AND ACCEPT THE ABOVE STATEMENTS.

Parent/Guardian Signature: _____ Date: _____

Section 5: Injury Risk / Parent or Guardian Informed Consent
(To be completed by Parent/Guardian)

I, _____ (Parent/Guardian), ACKNOWLEDGE the Peninsula School District and the Learning Site will strive to ensure the safety of my child while participating in the Learning Through Interests Program, but there are certain inherent risks involved that may be unavoidable and that could result in bodily injury or property damage to my child or to others.

I ACKNOWLEDGE that my child is responsible for following the directions of the School Learning Through Interests Coordinator and the Worksite Supervisor as well as all safety guidelines in place at the Learning Site and that my child's failure to follow such directions or adhere to such standards may place my child at risk.

I am fully aware of the special risks and/or dangers inherent in my child's participation in this program and that it is in a true working environment rather than a school environment, including, but not limited to:

I UNDERSTAND AND ACCEPT THE ABOVE STATEMENTS. I HEREBY GIVE CONSENT FOR MY CHILD TO PARTICIPATE IN THE WORKSITE LEARNING PROGRAM.

Parent/Guardian Signature: _____ Date: _____

Section 6: Consent to Treatment (to be completed by Parent/Guardian)

In the event of illness or accident, I understand reasonable efforts will be made to immediately contact my child's parents/guardians or emergency contact. If I am not available, I authorize Peninsula School District or the Worksite Learning Program personnel, including Learning Site employees, to secure emergency medical care as needed for my child on my behalf. This includes all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a treating physician for my child if I cannot be reached in the case of an emergency. I agree to be responsible for the cost of any medical services and to reimburse Peninsula School District or the Learning Site for medical expenses they incur on behalf of my child.

| |
|--|
| 1. Special medical conditions that might restrict or prevent my child from participating in scheduled Worksite Learning Program activities |
| |
| 2. Treatment restrictions / allergies |
| |
| 3. Child's physician name and phone number |
| |
| 4. Hospital or facility where I prefer my child be taken in the case of an emergency |
| |

Parent/Guardian Signature: _____ Date: _____

Section 7: Transportation Acknowledgment (to be completed by Parent/Guardian)

I ACKNOWLEDGE that it is my responsibility to provide transportation to and from the Learning Site for my child during his/her participation in the Worksite Learning Program.

I ACKNOWLEDGE that the Peninsula School District is not responsible for providing transportation as part of the Worksite Learning Program, will not transport my child to or from the Learning Site, and assumes no liability for any accident or injury involving my child in any way received on account of or while engaged in travel to or from the Learning Site.

I UNDERSTAND AND ACCEPT THE ABOVE STATEMENTS.

Parent/Guardian Signature: _____ Date: _____

Section 8: Advisor Contact Information

| | |
|--------------------|--|
| Advisor Full Name | |
| Work Phone | |
| Work Email | |
| Other Contact Info | |

Section 9: Transportation Plan (to be completed by Advisor at Internship Setup Meeting and confirmed with parents)

| |
|--|
| |
|--|

Section 10: Internship Days and Hours (to be completed by Advisor at Internship Setup Meeting and confirmed with parents)

| Week Day | Start Time | Lunch | End Time | Notes |
|----------|------------|-------|----------|-------|
| | | | | |
| | | | | |

Student Signature: _____

Date: _____

Guardian Signature: _____

Date: _____

Section 11: Student and Parent/Guardian Responsibilities (to be completed by Student & Parent/Guardian)

1. Having carefully read and completed this Volunteer Worksite Learning Agreement, the Student and Parent/Guardian agree to accept the following responsibilities:
2. Comply with all school and job attendance requirements and notify the School Attendance Secretary and Worksite Supervisor prior to any absence.
3. Show honesty, punctuality, a cooperative attitude, proper grooming/dress, and willingness to learn.
4. Conform to all rules, regulations, policies, and procedures of the Learning Site, including any Learning Site confidentiality requirements.
5. Accurately document all hours worked as required by the Learning Through Interests Program and Learning Site rules.
6. Consult with Learning Through Interests Coordinator and Worksite Supervisor about any problems in a timely manner.
7. Report only to the Worksite Supervisor or those Learning Site employees designated by the Worksite Supervisor.
8. Report on-the-job accidents or illnesses to the Worksite Supervisor and school Learning Through Interest Coordinator immediately and complete appropriate forms.
9. Complete all required forms, including a release of student records, and allow discussion between the School Learning Through Interests Coordinator and the Worksite Supervisor regarding Student's progress or any concerns involving Student.
10. Parent/Guardian and Student understand that Student is not entitled to wages or other compensation and is not entitled to a job at the completion of the learning experience.
11. Parent/Guardian and Student understand that failure to comply with the Learning Through Interest Program rules, Learning Site rules, or school policies may result in Student's removal from program participation.

I UNDERSTAND AND ACCEPT THE ABOVE STATEMENTS.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Section 12: Internship Information (to be completed by Internship Mentor)

| | |
|---------------------|--|
| Company | |
| Mentor Full Name | |
| Department | |
| Mentor Full Title | |
| Mentor Email | |
| Business Phone | |
| Cell Phone | |
| Business Address | |
| City, State and Zip | |
| Alt. Contact | |
| Alt. Contact Title | |
| Alt Bus. Phone | |
| Alt. Contact Email | |

| | |
|---|--|
| Company's current Employer General Liability Insurance Certificate Number (minimum coverage limit of \$1 million) | |
|---|--|

Does Company provide volunteer worker's compensation medical-only insurance through the Washington State Department of Labor and Industries pursuant to RCW 51.12.170 and WAC 296.17.925?

Yes: _____ No: _____

Does Company require the following from its prospective employees: Washington State background check? Yes _____ No _____ Reference checks? Yes _____ No _____

Mentor Supervisor Signature

Date

Section 13: Internship Worksite Supervisor Responsibilities

(To be completed by Internship Mentor)

Having carefully read and completed this Agreement, _____ (Learning Site) and the Worksite Supervisor(s) agree to accept the following responsibilities:

1. Provide legal employment in conformity with all applicable federal and state labor and employment laws, including child labor laws, minor work permit requirements, fair labor practice laws, and the Washington Industrial Safety and Health Act of 1973 (WISHA).
2. Conform to all federal and state laws prohibiting discrimination on the basis of race, color, national origin, creed, sex, sexual orientation/gender identity, or disability.
3. Provide job specific orientation and job specific training to Student, including safety training, and document Student's completion of such training.
4. Provide a safe working environment and promptly report any accidents or injuries involving Student.
5. Oversee Student while on business premises and identify to Student other designated Learning Site employees to whom Student may report.
6. Evaluate Student's performance and consult with the School's Learning Through Interests Coordinator concerning Student's progress.
7. Comply with all state Work Based Learning Standards, including WAC 392-410-315 and the policies set forth in the Office of the Superintendent of Public Instruction's Worksite Learning Manual.
8. Complete the Peninsula School District Background Information forms including a fingerprint background check for criminal history information, and ensure that all Learning Site employees who will have direct and unaccompanied interaction with Student also complete these forms. (Any adult that has 'behind closed doors,' be it personal office or any other location, and unaccompanied access with Student must complete the above background check.)
9. Discuss the performance, actions, or any other information regarding Student only with the School Worksite Learning Coordinator, Student's school counselor, or Student's principal pursuant to District policies regarding the confidentiality of student information as mandated by The Family Educational Rights and Privacy Act, 34 C.F.R. Part 99 (FERPA).
10. Ensure that Student is not displacing regular employees per the Fair Labor Standards Act (FLSA) and that Student's unpaid volunteer work will in no way violate any collective bargaining agreement between the Learning Site and regularly scheduled employees.

Release/Hold Harmless Agreement: WE ACKNOWLEDGE the Peninsula School District does not provide any accidental medical insurance coverage for students participating in the Learning Through Interests Program.

We agree TO HOLD AND SAVE HARMLESS, to the maximum extent allowed by law, the Peninsula School District, its School Board, its employees, and its agents and assigns for any claims, suits, or damages (including but not limited to defense and indemnification) arising from the participation of _____ (Learning Site) in the Learning Through Interests Program, except for those claims arising from the negligence of the Peninsula School District, its School Board, its employees, or its agents.

I UNDERSTAND AND ACCEPT THE ABOVE STATEMENTS.

Mentor Supervisor Signature

Date

Learning Through Interests Coordinator Signature

Date

Internship Code of Conduct

Interns will be expected to act in a professional and ethical manner. The intern's conduct should make the employer *want* to host interns from this school in the future.

The following is expected of interns representing the Henderson Bay Big Picture School:

- Adhere to the Code of Student Conduct as displayed in the Student Rights and Responsibilities Handbook (posted on psd401.net) with specific regard to the PSD drug, alcohol and weapons policy.
- Maintain confidentiality of work-related projects and personnel.
- Familiarize yourself with, and adhere to, relevant organizational arrangements, procedures, and functions.
- Understand what constitutes a permissible work absence and who to notify if absent, be prompt with being on time to work and with assignments; give it your best effort.
- Changes in work schedule, supervision, or problems at the site must be reported to the LTIC.
- If the intern feels victimized by a work-related incident, contact the LTIC immediately.
- Dress appropriately for the work setting.
- Follow through on commitments.
- Do not conduct personal business during work hours (i.e. electronic devices use follows PSD Rights and Responsibilities as detailed in handbook and/or internship site regulations).
- Keep a positive attitude
- Be observant - see how people organize their ideas and respond to situations
- Communicate - keep people informed in a useful and succinct way, listen and ask questions.
- Be fair, considerate, honest, trustworthy, and cooperative when dealing with co-workers.
- Assert ideas in an appropriate and tactful manner.
- Seek feedback from supervisors, accept suggestions for corrective changes in behavior and attempt to improve performance.
- Accept constructive criticism and continuously strive to improve performance.
- Transportation from HBBP for students under age 18 must be approved by parent/guardian.
- Follow all safety guidelines as established by mentor.

Please initial the statement below:

Student Please Initial:

_____ I agree to the above stated Henderson Bay Big Picture Internship Code of Conduct and will make every effort to abide by it.

Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



Worksite Learning (WSL) Employer Orientation

**DATE ORIENTATION
COMPLETED**

Business Name _____

Business Street Address _____ City/Zip _____

| | |
|--|--|
| <input type="checkbox"/> Overview of Worksite Learning | The Peninsula School District Worksite Learning program provides an opportunity for students to take the skills and knowledge they have gained in the classroom and apply them as an employee at a worksite. |
| <input type="checkbox"/> Review WSL Training Agreement | The Worksite Learning program is a partnership between employers, schools, students and parents/guardians. |
| <input type="checkbox"/> Review of WSL Learning Plan/Evaluation | The Employer, WSL Coordinator and the student all participate in the Learning Plan/Evaluation process. |
| <input type="checkbox"/> Review documentation requirements for student hours | Student work hours will be documented with a WSL Student Work Hours form (requires employer signature). |
| <input type="checkbox"/> New Employee Orientation requirements | Must address: <ul style="list-style-type: none"> L&I employment standards for minors (www.lni.wa.gov) On-the-job orientation specific to student's initial job duties/tasks Employer's worksite safety and health program How/when to report on-the-job injuries, including location of first-aid materials How to report unsafe conditions and practices Emergency procedures Identification of hazardous materials – procedures to follow Sexual harassment and discrimination training, including reporting procedures Use and care of personal protective equipment (PPE) |
| <input type="checkbox"/> Occupational Health & Safety <i>The Peninsula School District requires that students involved in the Worksite Learning program have a safe work environment and that the worksite adheres to all federal and state occupational health and safety requirements</i> | Required Personal Safety Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| | Accident Prevention Program <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| | Worksite Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| | Safety Data Sheets (SDS) as required WAC 296-901-14014 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| | Health and Safety Checks (i.e. worksite, WISHA, OSHA, Dept. of Health, Fire Dept., etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| | Variance Applications WAC 296-125-030 (Equipment related) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| | <input type="checkbox"/> This worksite complies with all health and safety requirements listed above. (These can be found in WAC 296-125, WAC 296-131, and WAC 180-50-315). |
| <input type="checkbox"/> Master Business License | A minor work permit is required if students under 18 are employed. |
| <input type="checkbox"/> Fair Labor Standards Act | Must adhere to Fair Labor Standards Act |

 Comments _____

Employer _____ (print) Signature _____

Worksite Learning Coordinator Signature _____