

Work-Based Learning Application for Enrollment

Please print all information neatly. All information is required. Failure to fill in required information will result in your application not being processed.

School:		Grade:		Grade: Date		
Last Name:		First Name:			Middle Initial:	
Home Address:	Home Address:					
Student's Cell Number: Email Address:						
Age:	Date of Birth:					
Parent/Guardian Name(s):			Guardian's Phone Nur	nber:		
Guardian's Address (if dif	ferent):					
Do you have a driver's license? Yes No Do you have your own car? Yes No					No	
Please mark any Career Technical Education programs in which you are currently enrolled or in which you have been enrolled in the past. Business Education Family and Consumer Science Agriscience Automotive Building Construction Collision Repair Cosmetology Culinary Arts Early Childhood Ed. Engineering Health Science Precision Machining Welding What do you plan to do as a career after you complete your education?						
	Are you interested in: 🗆 Apprenticeship (Paid work experience) 🗆 Internship (Unpaid training experience) 🗆 Both					
If given the choice, in what type of business do you prefer to work during your work-based experience? (Example: office, retail store, restaurant, health care office, automotive, etc.)						
First Choice: Second Choice:						
Do you intend to further your formal education after high school? If yes, please specify (Example: 2 year college, 4 year college, military service, technical school, etc.)						
Do you have any health problems that would interfere with your regular attendance on a job? Yes No						

Current Job Information

Current Position (if you currently have a job)		
Where do you work?	Who is your supervisor?	
What do you do?	Hours Work:	
Phone Number:	Rate of Pay Per Hour: \$	

To the Student:

Work-Based Learning provides an opportunity *to be considered* for apprenticeship/internship in business and industries in our area. You further understand that NO apprenticeship or internship is guaranteed. You *must apply, interview, and compete for the placement based on your skill, your abilities, and your aptitude.* When you enroll in Work-Based Learning, you indicate that you are sincerely interested in putting forth your best efforts to receive work-based experience. If you accept this responsibility, please sign in the space provided.

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To the Parent/Guardian:

Do you consent to your child entering the Work-Based Learning Program, arranging transportation, and agree to cooperate with the school and the training agency in making the training and education of the greatest possible benefit to your child? If so, please indicate your support and approval with your signature.

Guardian Signature:	Date:
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To be completed by the *Work-Based Learning Coordinator*:

Total Number of Absences:	Total Number of Tardies:
Total Discipline Reports:	Cumulative GPA:
On Track for Graduation:YesNO	Completed Career Preparedness: Yes No

Work-Based Learning Coordinator Verification:

Status of Application:
Pending
Approved
Not Approved

If you have questions about the Work-Based Learning Program?

Call Mrs. Almaroad at 256-741-4625, or email halmaroa.av@ccboe.us.

Please return this completed application to your guidance counselor with a RESUME attached.

It shall be the policy of the Calhoun County Board of Education that all students, without regard to status (e.g., homeless, limited English proficient, migrant, etc.), will be provided a free and appropriate public education, including equal and appropriate educational opportunities and support services, to enable them to achieve state and local content and achievement standards. Pursuant to such policy, the Calhoun County Board of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person(s) has been designated to handle inquiries regarding the nondiscrimination policies:

Mrs. Holly Box, Title IX Coordinator PO Box 2084 Anniston, AL 36202 256-741-7457 hbox@ccboe.us Mrs. Kassie Hollingsworth, 504 System Facilitator PO Box 2084 Anniston, AL 36202 256-741-7432 kholling@ccboe.us

TEACHER RECOMMENDATION FORM FOR WORK-BASED LEARNING PROGRAM

has applied for enrollment in the Work-Based Student's Name Learning program. Students in this program are placed in training stations where they develop technical skills and obtain valuable experience under supervision. The cooperation of business and industry will continue only if the students they employ have the proper attitude and interest to profit from on-the-job training toward a career objective. Using your knowledge of the student, please rate the student on the characteristics indicated.

Teacher # 1: (Print Student's Name)

Rate qualities by checking the appropriate option for each item.	Poor	Below Average	Average	Above Average	Superior
Dependability: Able to work without supervision,					
prompt, sincere, consistent, truthful					
Cultural refinement: Courteous, considerate, good					
manners, appreciative					
Leadership: Aggressive, forceful, resourceful, able to					
inspire others to act					
Industriousness: Persistent, good work habits,					
makes wise use of time					
Thoroughness: Accurate, completes work carefully					
Personal Appearance and Grooming: Clean, neat in					
appearance, orderly, poised					
Ability to get along with people: Adaptable, friendly,					
tactful, cooperative, respectable					
Social habits: Good attitude, self-control, honesty,					
not inclined to argue or complain					
Attendance: Present and on time, begins work at					
once without delay					
Mental alertness: Attentive, interested, observing,					
eager to learn					
Academic performance: Completes assignments,					
follows instructions, meets deadlines, masters					
content					

If you were an employer or job supervisor, would you want this student working for you? () Yes () No

Would you be willing for this student to represent the school on the job? () Yes () No

Evaluating Teacher:

Print Name: and

Sign: ______

Date____

Please feel free to send to me through the courier, send to CCCA to Heather Almaroad

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Teacher # 2: (Print Student's Name) _____

Rate qualities by checking the appropriate option for each item.	Poor	Below Average	Average	Above Average	Superior
Dependability: Able to work without supervision,					
prompt, sincere, consistent, truthful					
Cultural refinement: Courteous, considerate, good					
manners, appreciative					
Leadership: Aggressive, forceful, resourceful, able to					
inspire others to act					
Industriousness: Persistent, good work habits,					
makes wise use of time					
Thoroughness: Accurate, completes work carefully					
Personal Appearance and Grooming: Clean, neat in					
appearance, orderly, poised					
Ability to get along with people: Adaptable, friendly,					
tactful, cooperative, respectable					
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eager to learn					
Academic performance: Completes assignments,					
follows instructions, meets deadlines, masters					
content					

If you were an employer or job supervisor, would you want this student working for you? () Yes () No

Would you be willing for this student to represent the school on the job? () Yes () No

Evaluating Teacher:

Print Name: ______ and

Sign: _____

Date

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Teacher # 3: (Print Student's Name) _____

Rate qualities by checking the appropriate option for each item.	Poor	Below Average	Average	Above Average	Superior
Dependability: Able to work without supervision,					
prompt, sincere, consistent, truthful					
Cultural refinement: Courteous, considerate, good					
manners, appreciative					
Leadership: Aggressive, forceful, resourceful, able to					
inspire others to act					
Industriousness: Persistent, good work habits,					
makes wise use of time					
Thoroughness: Accurate, completes work carefully					
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Academic performance: Completes assignments,					
follows instructions, meets deadlines, masters					
content					

If you were an employer or job supervisor, would you want this student working for you? () Yes () No

Would you be willing for this student to represent the school on the job? () Yes () No

Evaluating Teacher:

Print Name: ______ and

Sign:

Date___

Please feel free to send to me through the courier, send to CCCA to Heather Almaroad

Calhoun County Schools Work-Based Learning Program Training Agreement

Student's Name:	Date of Birth: Age:			
School:				
Address:				
Home Phone: Student's Cell Phone:				
Career Objective/Pathway:				
Where you work: Job Title:				
Job Site Address:				
Phone Number:	Supervisor:			
Date Training Period Begins:	Date Training Period Ends:			

This training agreement briefly outlines the responsibilities of the student, parents, employer, and the Work-based Learning Teacher-Coordinator. The second part of this document is entitled "Training Plan" and consists of tasks and competencies for the specific student's career objective/pathway.

Parent/Guardian

- 1. Approves and agrees that the student may participate in Work-Based Learning.
- 2. Encourages the student to effectively carry out the work experience requirements in all components of the program.
- 3. Assumes responsibility for the conduct of the student.
- 4. Provides transportation for the student to and from the Work-Based Learning site.
- 5. Holds school and Work-based Learning Teacher-Coordinator harmless for risks associated with transportation and indirectly monitored activities (e.g., work-based experience).

Student

- 1. Complies with the rules and regulations of the Work-Based Learning site.
- 2. Observes the same regulations that apply to other employees.
- 3. Adheres to all policies and regulations as set forth by school administration and the Work-based Learning Teacher-Coordinator.
- 4. Works an average of not less than 10 hours per week and 140 total hours per semester.
- 5. Will not pursue additional part-time employment while enrolled in Work-Based Learning.
- 6. Will not displace adult workers who can perform such work as assigned in the work-based experience.

Work-Based Learning Teacher-Coordinator

- 1. Assists in securing an appropriate work-based experience based on the student's career objective/pathway.
- 2. Works with the supervisor/mentor in developing a training plan for the student.
- 3. Contacts the Work-Based Learning site at least once per month to confer with the employer and student; verify that student's duties correlate with job description; observe working conditions; help develop progressive skill-building activities; observe and evaluate student progress; and resolve questions, issues, or concerns.
- 4. Counsels the student about his/her job progress, behavior, attitude, academics, etc.
- 5. Terminates employment/participation when it serves the best interest of the student as determined in collaboration with the employer.
- 6. Determines the student's final grade for the Work-Based Learning experience.

Employer/Training Mentor

- 1. Recognizes that the student is enrolled in a Work-Based Learning experience designed to prepare for a career.
- Provides supervision and instruction in each of the applicable tasks listed on the Training Plan to assist the student in acquiring those competencies necessary for success in the career objective.
- 3. Evaluates and documents student progress.
- 4. Employs a non-discrimination policy with regard to race, color, handicap, sex, religion, national origin, creed, or age.
- 5. Adheres to wage and hour, child labor, and all other federal, state, and local laws pertaining to student employment.
- 6. Employs the student for an average of approximately 10 hours per week (minimum 140 hours per semester).
- 7. Completes the Work-Based Experience Evaluation and returns it to the Work-based Learning Coordinator by the required date.

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Signatures:

Parent/Guardian	Employer/Training Mentor	Student
WBL Coordinator	School Administrator	Date

CALHOUN COUNTY SCHOOLS WORK-BASED LEARNING SCHOOL REGULATIONS/POLICIES

- Student acknowledges that the primary purpose of work-based learning is educational and therefore, agrees to abide by the policies of the Work-based Learning program and the decisions of the Work-based Learning Coordinator, including those regarding specific job placements or apprenticeship/internship placements.
- 2. Student acknowledges that the school, through the Work-based Learning Coordinator, is acting as an intermediary between the training station and student and that the Work-based Learning Coordinator has a legitimate right to know and a significant role in determining the outcome of any issues including placement, termination, scheduling, assignments, and all other aspects of the placement.
- 3. Work-based Learning students who fail to perform satisfactorily in all subject areas during any grading period may be placed on probation. Students who fail to improve may be asked to resign from his/her job or apprenticeship/internship placement.
- 4. A student suspended from school is not allowed to attend their placement during the suspension. On the second offense he/she may be dropped from the WBL program with a loss of all credit.
- 5. A student must comply with the attendance policies to participate in the program. Excessive absences will not be tolerated.
- 6. A student losing his/her placement due to any action deemed unacceptable by the school and the Workbased Learning Coordinator will be dropped from the program with a loss of all credit.
- 7. A student whose placement is terminated for any reason is to report to the Work-based Learning Coordinator immediately. Failure to do so results in probation and possibly being dropped from the program with a loss of all credit.
- 8. A student not attending regular school classes cannot work at the training station on the day(s) he/she is absent.
- 9. In case of absence, the student is required to notify the Work-based Learning Coordinator and his/her cooperating/employing agency before class or working period.
- 10. Personal business handled at the workplace is prohibited.
- 11. Family or friends are not to visit the student at the work-based learning placement.
- 12. The student is to be on time at school as well as at the work-based learning placement.
- 13. Parents should understand the student's responsibility to the training station and not interfere with the performance of his/her duties.
- 14. Business rules for dress and personal hygiene will be observed.
- 15. Since training is the primary objective, a student is expected to remain with the training station to which he/she is assigned. Students may resign or change placements only with the express written permission of the Work-based Learning Coordinator and following business practices for resignation. A student changing a placement without written permission is subject to being dropped from the program.
- 16. Students are placed at the training station to train and are under the supervisions of both the Workbased Learning Coordinator and the business supervisor/mentor where they are placed.
- 17. Students must abide by all school rules and regulations for other students and consider themselves under the jurisdiction of the school while in the training station.
- 18. Students must abide by all rules, regulations, and policies of the training station in which they are placed.
- 19. Any unresolved conflict that arises at the placement will require a meeting with the supervisor and the Work-based Learning Coordinator. The student may also be called in on the meeting if the supervisor or the coordinator believes it is necessary. If the supervisor, due to the student trainee's behavior, abilities, work ethic, or attendance requests such a meeting, the coordinator will work with the supervisor and

the student to resolve the problem. If the coordinator, the supervisor, and the student cannot resolve the situation, the student will be removed from the program.

- 20. Reliable transportation is a must. Transportation to and from the training station is the responsibility of the student/parent/guardian. Transportation problems do not justify absence from work.
- 21. Students will leave campus immediately following the last scheduled class. If for any reason a student needs to remain on campus, permission must be obtained from the school's administration.
- 22. The student understands that he/she must work a minimum of approximately 10 hours a week in order to meet the minimum requirement of 140 hours per semester in order to earn credit. Students participating in a paid work experience will provide pay stubs as proof of hours worked. All students will keep accurate, up-to-date time cards that will be submitted to the coordinator monthly.
- 23. Students must sign out at their home school when they leave every day. Failure to sign out will be considered skipping.
- 24. To attend required Professional Development Seminars and/or periodic meetings with WBL Coordinator.

I have read the foregoing rules for Work-based Learning students and agree t	o follow them to the best of my ability.
Student Signature	_ Date
Parent/Guardian Signature	_ Date
Please select the preferred method of communication with the work-based	learning coordinator.
Parent Email	
Parent Phone	
Eax Number	

CALHOUN COUNTY SCHOOLS Work-Based Learning Proof of Insurance & Emergency Contact Form

Please note the student's health insurance covera	ge below:
Name of Insurance Plan:	
Insurance Card ID/Policy #	
Expiration Date:	
Emergency Contact Information	
Please provide the name, address, and telephone n event of an emergency:	number of two persons who may be contacted in the
Name and Relationship:	
Street Address:	
Telephone: Cel	l:
E-mail:	
Name and Relationship:	
Street Address:	
Telephone: Cel	l:
E-mail:	

CALHOUN COUNTY SCHOOLS Work-Based Learning STUDENT DRIVING AUTHORIZATION

Local School:	Date:	
Student Name:	_ Parent/Guardian:	
Address:		
Home Phone:		
Vehicle Make/Model/Color:		-
Vehicle Tag Number:		
Driver's License Number:		(Attach photocopy of license)
Auto Insurance Company:		Policy Number:
Agent's Name:		Agent's Phone:
Note: Written proof of Car Insurance/ liability insurance must be attached to this completed form.		
Job Site:		
Job Site Address:		

Student Driving Regulations/Requirements

The student:

- 1. MUST hold/maintain valid driver's license.
- 2. MUST have/maintain adequate liability insurance.
- 3. MUST immediately report loss of license, cancellation of insurance, or other status change.
- 4. MUST take most direct route to job site. (NO STOPS)
- 5. MUST NOT carry passengers.
- 6. MUST not drive unauthorized vehicles. (NO MOTORCYCLES)
- 7. MUST notify the Co-op Coordinator and the local school principal as soon as possible in the event of an accident.
- 8. MUST obey all traffic laws.
- 9. MUST be in regular attendance, obey traffic rules, pay required fees, and otherwise be a student in good standing

DRIVING AGREEMENT

We, the undersigned student and parent/guardian, hereby request that the named student be permitted to drive the above described vehicle during school hours to travel from the local school to the student's designated job site or to the Calhoun County Career Technical Center in Jacksonville, Alabama, or from the job site to the CTC or to the local school for scheduled classes and otherwise participate in the CTC program.

The student promises and agrees to obey all traffic laws, safety regulations, and school system rules regarding vehicles including but not limited to all Student Driving Regulations/Requirements and other conditions stated herein. The student fully understands that the driving privilege, and thus the opportunity to participate in the co-op program, may be forfeited if the student violates the Student Driving Regulations/Requirements or otherwise fails to fulfill the conditions set forth in this agreement. The local school and CTC retain the right to revoke driving privileges if it is deemed that the student is operating a vehicle in an unsafe manner or for any violation of this policy or school rules.

The student also understands and agrees that the Calhoun County School System retains authority to conduct routine patrols of student parking lots and inspections of the exterior to student automobiles on school property. The student understands that Calhoun County Schools may inspect the interior of vehicles in accordance with law whenever a school official has reasonable suspicion to believe that illegal, unauthorized, and/or contraband materials are contained inside the vehicles. The student will promptly report an accident or damage to vehicles of which he has knowledge or in which he is involved.

Release/Indemnification Agreement

Calhoun County Schools will not be responsible or legally liable for the student while in transit via private transportation. The student and parent/guardian assume full responsibility for the student's actions and conduct while driving. The student and parent/guardian assume all liability for any loss, damage, or injury of any kind or character to any person or property arising from, related to, or caused by any act or omission of the student while driving under this agreement or for any accident, fire, or other casualty arising from or in any way connected to the student's use of the private vehicle. The student and parent/guardian, their representatives and assigns hereby WAIVE and RELEASE ALL CLAIMS and demands of any kind against the Calhoun County Board of Education, the schools, their employees, officers, representatives or assigns for any loss, damage, or injury, and agree to hold the Calhoun County Board of Education, the aforesaid schools, employees, officers, representatives or assigns entirely FREE AND HARMLESS from any and all liability for any loss, damage, cost or injury to any person or property and from all costs and expenses arising from any claims or demands related to or arising from the student's use of the private vehicle.

This agreement has been signed and executed in the presence of school official(s) on the date stated below.

Date

Student Signature

Parent/Guardian

Local School Administrator