

START DATE OF JOB SHADOW/INTERNSHIP: <hr/>
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WORK-BASED LEARNING EXPECTATIONS AGREEMENT

Seacoast School of Technology, 40 Linden St., Exeter, NH 03833 ♦ 603-775-8461 ♦ E-mail: SST@SeacoastTech.com ♦ Fax: 603-775-8983

Parties to the agreement:

Participant Name	Phone
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Home School Affiliate	Address	Phone
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Parent/Guardian	Address	Phone
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Host Organization	Address	Phone
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Student will be participating in: Job Shadow Internship Other

I. STUDENT AGREES TO:

- Abide by all aspects of the WBL Plan.
- Obey the employer’s rules and/or policies.
- Attend all scheduled activities at the workplace.
- Attend all other scheduled classes.
- Complete all WBL Plan assignments and be responsible to complete other school assignments
- Adhere to Seacoast School of Technology’s student rules, regulations and transportation policy.

Student Signature	Date	SST Program	Session
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II. PARENT/GUARDIAN & HOME SCHOOL AGREE TO:

- Acknowledge that I/We have been informed of the WBL Plan and sign all necessary paperwork.
- Agree to all ERCSD rules, regulations, transportation policy and instructions.
- Support your child’s/student’s efforts
- Allow your child/student to participate in the specified activities.
- Help your child/student satisfactorily complete the requirements of the WBL Plan.

Parent Signature	Date	Home School Administrator Signature	Date
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III. THE SEACOAST SCHOOL OF TECHNOLOGY & HOST COMPANY AGREE TO:

- Develop a plan of action for the WBL experience with the student.
- Ensure all necessary documentation is completed, signed, and distributed.
- Oversee the WBL experience to the degree appropriate and necessary.
- SST provides student accident insurance or company provides workman’s compensation.
- Host employer agrees to accept students for WBL activities in accordance with EEO regulations that stipulate non-discrimination.

Teacher Signature	Date	SST Principal Signature	Date
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Host Company Signature	Title	Date
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Upon arrival at worksite, students must call SST at 603-775-8462. All parties agree to promptly notify the Teacher in the event of any issues, problems, or questions.

PARENT MEDICAL AUTHORIZATION
SAU #16 Connections Business/Education Partnership
40 Linden Street, Exeter, NH 03833
603/775-8461 Fax: 603/775-8983

Dear Parent:

In the event that your son/daughter/child is injured while in attendance at his/her Work-Based-Learning experience, every effort will be made to contact you. The law requires that written permission must be obtained from the parent/guardian before any type of medical treatment can be administered to the student. The law also requires that we obtain parent consent to release emergency contact and medical history information to the off-campus training site for your son/daughter/child.

We are, therefore, requesting that a signed medical authorization form by the parent/guardian be available. Your signature, unless noted otherwise, also gives your consent to release any emergency contact/medical history information to your son/daughter/child's training site if that is necessary.

Thank you for your support and cooperation and please call if you have any questions regarding this form.

Sincerely,

Margaret E. Callahan, Principal

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Should it be necessary for my son/daughter/child to have medical treatment while participating in the Work-Based-Learning Experience, I hereby give the school district personnel permission to use their best judgment in obtaining medical service for my son/daughter/child, and I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. Permission is also granted to release needed emergency contact/medical history to my son's/daughter's/child's training site if needed.

Student's Name: _____ Date of Birth: _____

Home Phone: _____ Parent's Business Phone: _____

Address: _____

Contact Other Than Parent/Guardian: _____

Relation to Student: _____ Phone: _____

OR

_____ I do not wish to give a medical release.

_____ I do not wish to have my son's/daughter's/child's emergency information released to their internship-training site.

Signature of Parent/Guardian

Date

To be filled out by student when location, date and time of the WBL Experience is confirmed.

Student Name: _____	Phone: _____	
Home School: _____	Program: _____	Session: _____
BUSINESS NAME: _____	PHONE: _____	
MENTOR NAME: _____	TITLE: _____	
ADDRESS: _____	TOWN: _____	ZIP: _____
<i>Copy of Student's Vehicle Insurance on file – Must be on file in the Main Office</i>		
DATE(s) of WBL Experience: _____	TIME(s): _____	
Directions to Work Site _____		

SAFETY/EMERGENCY INFORMATION

Every student is responsible for his/her own safety as well as others in the workplace. Be safety conscious at all times. There are first-aid kits in every building. In the event of a medical emergency, contact the receptionist or designated person managing the building. This person will call the ambulance and hospital if necessary. In case of emergency, employees should identify exit routes in each building where they work. Further information about evacuation plans or about what to do in case of an earthquake or other disaster is available from a Supervisor.

General Safety Rules

1. Report any unsafe conditions or injury to a Supervisor immediately.
2. Never place any pins, nails, tacks, or other sharp objects in the mouth.
3. If you see an accident or are in one, try to fix in your mind exactly what occurred, as you may be called upon to make a written statement.
4. You are responsible for any damage to property which is a result of your negligence.
5. Do not touch or tamper with any equipment before formal training.
6. Before proceeding with a task, be sure you know the safe way to do it.
7. Do not lift heavy objects which are beyond your strength.
8. Know where the fire extinguishers are located.
9. Do not stand on the top step of a ladder.
10. Many serious accidents are caused by becoming panic-stricken. Remain calm at all times.
11. Know all emergency exit routes.
12. Be aware of the possibility of contracting HIV or other serious illness from improper handling of, or contact with, blood products or other human or animal tissue, waste or fluids.

I have read and fully understand the importance and personal responsibilities of safety and emergencies in the workplace.

Student Signature

Date

HARASSMENT POLICIES IN THE WORKPLACE

To encourage a safe and supportive work environment for all employees including interns and students on work-based learning experiences, companies and organizations have policies on harassment of any kind. This includes sexual harassment or harassment because of race, religion, ethnic origin and sexual orientation. It is a violation of companies' policies for anyone working in the organization, whether as an employer, supervisor, manager, employee, intern or guest, to harass any other person through conduct or communications of a sexual nature or participate in any form of intimidation or bullying related to one's race, religion or ethnic origin.

Sexual harassment consists of unwelcome and repeated sexual advances, requests for sexual favors and any other verbal, visual or physical conduct of a sexual nature where:

- submission to the advance is a term or condition of an individual's education or employment;
- submission to or rejection of such conduct by an individual is used as a basis for academic or employment decisions affecting that individual; or
- when such conduct has the purpose or effect of substantially interfering with an individual's academic or professional performance or of creating an intimidating, hostile, offensive or otherwise detrimental environment.

Some examples of sexual harassment or intimidation include:

- explicit or implicit promises or prevention of career advancement, training, awards or lower standards of performance in return for sexual favors because of race, religion or ethnic origin;
- suggesting or demanding sexual involvement accompanied by explicit or implied threats concerning one's employment or internship status, performance appraisals, or assignments to less desirable positions or locations;
- unwelcome sexual, racial, religious or ethnic jokes, teasing, kidding, comments or other sexual or intimidation or discriminatory behavior;
- sexually suggestive or unwelcome touching or obscene gestures, including patting, pinching or brushing against another's body;
- display of written or printed material of a sexually explicit or pornographic nature, or derogatory to race, religion, or ethnicity such as insulting cartoons, sexually suggestive or lewd pictures or photographs.

Any form of sexual or other forms of harassment is contrary to basic standards of conduct between individuals and violates any company policy **and the law**. If an employee or intern is charged with a violation of this policy, the company will make a thorough investigation and take corrective action if necessary, up to and including termination of internship or employment.

If a student intern, or student on a Job Shadow, whether paid or unpaid, experiences any harassment of the types described above, he or she should report the situation immediately to his or her workplace mentor/supervisor and/or school work-based learning liaison (teacher, principal).

I have read and fully understand harassment policies in the workplace.

Student Signature

Date

**EXETER REGION COOPERATIVE SCHOOL DISTRICT
RELEASE AND INDEMNITY AGREEMENT**

_____, Parents (or Guardians) (“the Undersigned”)
Name(s) of Parents/Guardians

of _____ (“the Student”), jointly and severally, if more than one, in order
Name of Student

to introduce the Exeter Region Cooperative School District (“ERCSD”) to allow the Student to participate
voluntarily in _____ (“the Activity”) hereby:
Sport or Other Activity

1. Acknowledge that the Student’s participation in the Activity, including summer and offseason weight training and other “General Fitness Activities”, will expose the Student to risk of minor or severe bodily injury up to and including death, and other harm, for which the Undersigned may suffer damages, including liability for medical expenses and other losses;
2. Acknowledge that ERCSD requires that the Undersigned obtain and maintain medical insurance for the Student; and that ERCSD does not maintain insurance against accidental injury for the benefit of the Student;
3. Represent that the Student is physically fit to participate safely in the Activity;
4. Agree to comply with whatever requirements ERCSD may impose concerning physical examinations of the Student, but acknowledge that the Undersigned must decide upon the frequency of physical examinations to determine whether it is safe for the Student to participate in the Activity;
5. Agree to provide ERCSD any and all medical or other information relevant to the Student’s participation in the Activity;
6. And in consideration of the ERCSD allowing the Student to participate in the Activity, release and covenant not to sue ERCSD, and all ERCSD’s officers, agents, and employees, for any claim, of any kind, in any way related to or as a result of the Student’s participation in the Activity, (including, without limitation, transportation provided in connection therewith) whether the injury results from the alleged negligence or other tortious act of ERCSD officers, agents, or employees, excepting only injuries suffered as a result of an act of an ERCSD employee which was intended to cause injury to the Student; and agree to indemnify ERCSD and all ERCSD officers, agents, and employees harmless from any and all claims, of any kind, made by the Student or any other person in any way arising out of the Student’s participation in the Activity, (including, without limitation, transportation provided in connection therewith) whether resulting from the alleged negligence or other tortious act of ERCSD or any ERCSD officers, agents, or employees, excepting only injuries suffered as a result of any act of an ERCSD employee which was intended to cause injury to the Student or the other injury which is the basis of the claim.
7. The Release and Indemnity Agreement applies to all Activities in which the Student participates during the school year dating from July 1, 2010 to June 30, 2011 which includes any and all equipment which is loaned to the Student by ERCSD.

Date: _____

Witness

Signature of Parent/ Guardian

Witness

Signature of Student

Permission to Travel in Private Vehicle and Release from Liability

Seacoast School of Technology Business/Education Partnership

40 Linden Street, Exeter, NH 03833

603-775-8461 Fax: 603-775-8983

Permission is hereby granted to _____ to travel in his/her own vehicle to and from his/her work-based learning site at _____ (address location). This permission is granted solely due to participation in this activity. Accordingly, this permission slip covers only the period of time indicated:

Start date and time _____

End date and time _____

Students may not transport other students during the work-based learning activity during school hours. If other persons, students or non-students, are present in _____'s vehicle during the period, for which this permission has been granted, the permission will automatically become void. **If there is a school cancellation for whatever reason, the student is NOT to go on the work-based learning activity.**

By granting permission for my son/daughter to use his/her own vehicle to drive to and from the work-based learning site, I, hereby, release and discharge Seacoast School of Technology and _____, (job-site host), their agents, employees, and officers from all claims, demands, actions, judgments, and executions against the Seacoast School of Technology or the above-named Employer host.

I understand that during the time my son/daughter, _____, is in transit between Seacoast School of Technology and the host company, _____, he/she will be acting independently of school officials and that said officials will have no means of protecting his/her safety and well-being.

I understand that, once my son/daughter arrives at the employer host and begins the work-based learning experience, he/she is covered by student accident insurance purchased by the Seacoast School of Technology. All work-based learning sites are required to be authorized by the NH Department of Labor to verify their compliance with state and federal employment regulations.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Date

Parent/Guardian Signature

SEACOAST SCHOOL OF TECHNOLOGY

NAME _____ SENDING SCHOOL _____

ACTIVITY/FIELD TRIP PERMISSION AND RELEASE AGREEMENT

I/We, _____ the parent(s) or guardian(s) of _____ give my/our permission for my/our child to participate in an activity/field trip. I/We understand participation in this activity/field trip is voluntary and is not a required school program or activity. I/We are allowing my/our child to participate only after understanding and considering the following:

<u>Activity/Field Trip Details</u>	
1.	Description of the activity/field trip: Date(s): _____ Destination: _____ Time: Leave _____ Return _____ Means of Transportation: _____ Cost: _____
2.	Other relevant activity/field trip information:

By signing this permission form, I/we acknowledge the following:

1. I/We acknowledge that I/we have been informed as to the nature of the activity, and that this activity may have inherent risks of injury for those who participate, including, but not limited to, transportation from and to the school campus.
2. I/We understand the School District cannot unconditionally guarantee the safety for children and that the obligation of the School District is to take reasonable precautions for safety and well being. My/Our child also has a responsibility for his/her own safety and the safety of others.
3. I/We must provide the school staff and chaperones with medical or other important information that I/we feel the school should know about my/our child prior to the start of this activity.
4. I/We represent that my/our child is physically fit to participate in this activity, and if required, that he/she has been examined by a licensed physician who verifies that my/our child is physically fit to participate in this particular activity. The School District will rely on this representation.
5. My/Our child must adhere to all the rules, regulations, and instructions pertaining to the safety and protection of the participants, and failure to comply could exclude my/our child from participation in this activity.
6. I/We hereby consent to medical treatment to my/our child which may be deemed advisable in the event of injury, accident and/or illness during a school trip. I/We hereby certify that if I/we have any particular medical instructions, I/we have provided these instructions below.
7. I/We certify that my/our child's medical expenses are covered by a medical insurance policy, or if not, I/we accept absolute financial responsibility for such in the event that expenses are incurred.
8. I/We will bear any cost for additional transportation, if my/our child leaves or is asked to leave the activity before completion.
9. I/We acknowledge and understand the risk and requirements for our child to participate in this field trip.

RELEASE

In consideration of permission for my/our child to participate in the field trip, I/we knowingly, and voluntarily release and waive and further agree to indemnify and hold harmless the Seacoast School of Technology, SAU #16, the Exeter Region Cooperative School District, and their officers, agents, employees, volunteers, and representatives both individually and in their official capacities from and against any claim which I/we, my/our child or any relative or next of kin of mine/ours, or any other person, firm or corporation, may now or hereafter have or claim to have (known or unknown), seen or unseen, directly or indirectly, for or on account of any losses, damages, personal injuries, pain and suffering, death, or property damage resulting from or arising out of my/our child's participation in the field trip, or in any way connected with or arising out of instruction, training, emergency care or other operations incidental to participation in the field trip.

This "Release" shall be construed to be as comprehensive as is allowed by law and as severable. The validity of any portion of this Agreement shall not affect any other portion and shall not establish a legal or other relationship between or among those released which does not in fact exist.

I/WE HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT.

Dated: _____
Parent(s)/Guardian(s)

Medical and/or Special Instructions: _____

STUDENT FIELD TRIP RESPONSIBILITY
SST CONDUCT CODE

1. A student's behavior at all times should be such that it reflects credit on the student, the Seacoast School of Technology, and the student's sending school.
2. **A student may not smoke, use intoxicants or drugs at any time on any SST sponsored field trip.**
3. A student must respect the property of others.
4. A student is expected to participate in all activities and obey instructions of chaperones/activity officials.
5. The trip is considered an extension of the school day and all school rules apply for the duration of the trip. Students who disregard the rules will be sent home at the student's expense and subject to disciplinary action. Parents will be notified. Prepaid costs associated with the trip may be forfeited.

I have read the above Code of Conduct for the Seacoast School of Technology field trips and agree to abide by these rules.

Print Name of Student	Student Signature	Date
Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
Signature of Regional Principal	Date	

If a student misses any sending school classes/activities, he/she is expected to:

- (1) Inform all teachers and get assignments of all classes missed. Assignments due the day of field trip must be passed in before the trip. Assignments due the day after the field trip must be passed in on time.
- (2) Arrange to take quizzes/tests missed while on the trip. Be prepared to take quizzes/tests scheduled the day after the trip.

Return this completed form to SST teacher at least 7 days prior to trip/activity. Phone calls from parents cannot be substituted for these completed forms.