

**Peoria Unified School District #11
 CTE/Professional Internship Program
 Work Based Learning
 TRAINING AGREEMENT**

Date 10/1/10

Student Name Heather Gladstone Date of Birth 3-18-93 Age 17

Mailing Address 91034 N 82nd Bin

Cell Phone 602 30 8837 E-mail heather_gladstone@yahoo.com

Company Name Partner Cafe Mentor Name Roselyn Richardson

Mentor Phone _____ E-mail _____

Company Address 11200 N 83rd Ave

For the Work Based Learning Program to be fully effective, it is mandatory that certain rules and regulations be followed. The student, his/her Parent/Guardian, the Teacher-Coordinator and the Business Partner Employer-Mentor must agree to fulfill the following responsibilities.

Student recognizes that the Work Based Learning experiences will contribute to his/her career objectives and agrees to the following:

1. Understands there is no guaranteed or assigned workplace.
2. Accepts responsibility for providing transportation to and from the workplace.
3. Abides by the rules, regulations, policies and procedures of the workplace, the Peoria Unified School District, and the Work Based Learning Program.
4. Understands that once a position is accepted, a commitment has been made to the Business Partner Employer-Mentor. It is expected that the student-learner will be at the Business Partner Company for the length of the Work Based Learning commitment.
5. Responsible to be at the workplace every scheduled day at the appointed time.
6. Follow the directions of the Business Partner Employer/Mentor.
7. Do nothing intentionally to disrupt the normal routine of the workplace.
8. Exercise confidentiality and respect with regard to information gained at Business Partner Company and Business Partner staff with regard to the Work Based Learning program, teacher-coordinator, or student-learner.
9. Be prompt and accurate in completing all required assignments, forms and reports for the Work Based Learning program, the teacher-coordinator, and the Business Partner Employer-Mentor.
10. Agrees to demonstrate courtesy, a cooperative attitude, appropriate dress, and a willingness to learn. Behavior to the contrary may lead to dismissal from the Work Based Learning Program and/or the Business Partner Company.
11. Understands that any breach of trust, professionalism or ethical behavior (i.e. any evidence of dishonesty with money, merchandise, time or effort) may result in dismissal from the Work Based Learning Program and/or the workplace.
12. Agrees to communicate with the Business Partner Employer-Mentor and the Teacher-Coordinator at all times.

Parent/Guardian understands and acknowledges the following:

My child wishes to participate in the Peoria Unified School District Work Based Learning Program. I realize there are inherent workplace risks involved in my child's participation. Although a rare occurrence, I recognize the possibility that my child may suffer an injury as a result of participation in this program. I agree to accept these risks as a condition of my child's participation in this program.

Furthermore, I understand that notification of any pre-existing conditions that may create an additional risk for my child are disclosed below to all parties signing this form. My child:

- does NOT have a pre-existing condition that may create an additional risk for him/her.
- has a _____ condition(s) that creates additional risk for him/her. I understand that, because of his/her condition, the special risks for my child are: _____

I understand these concerns and agree to follow all directions and recommendations of my child's physician. I also understand that I am responsible for any insurance coverage for my child during his/her participation in this program.