

Student: _____ Site: _____



Barren County High School

Experience-Based Work Agreement

(Also includes Job Shadowing & Paid Work Experience Not Affiliated with a Career Pathway)

PLEASE RETURN THIS AGREEMENT TO THE TEACHER OF RECORD FOR YOUR PLACEMENT

QUESTIONS?

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****Prior to completing the following steps, students must have a teacher to serve as their “teacher of record” in a pathway the student is pursuing. The teacher will be responsible for tracking and monitoring the student’s service-learning placement using the same manner as any other work-based learning.***

STEP 1: Complete the application (Page 2) after speaking to and receiving confirmation from a qualified mentor for service learning. *Students are responsible for identifying and arranging their placements.*

STEP 2: Submit the application (Page 2) to Mr. Browning and wait for approval. Approval will be communicated to the student via email in a timely manner.

STEP 3: Complete the remainder of the agreement, including all signatures and copies mentioned in the application, and deliver to Mr. Browning.

STEP 4: After submission and approval, students will be notified that they can begin their placement via email.

STEP 5: Students send an email to Mr. Browning with the confirmed start date of the placement.

STEP 6: Keep a daily journal of activities on-site. This may be asked for at any time during the placement. Details should include the date, location, and a brief description of what you did that day. This will be helpful for Step 7.

STEP 7: Complete the weekly survey, due on Monday of each week. This survey will be sent out only once to your email. You can use the same link every week. Failure to do so could result in loss of placement. This survey link can be found in your “Acceptance” email from Mr. Browning.

Student: _____ Site: _____

Student Name: _____ Grade: _____

Current Course Schedule: (Course name, teacher, location)

1st Block: _____
2nd Block: _____
3rd Block: _____
4th Block: _____

Proposed Location for Off-Campus Service Learning: *Please give a description of the location, the work you would be doing, the location you will be reporting to, and the supervisor at that location. (NOTE: This is not for co-op or internships. Students are responsible to identify these placements. BCHS staff will not identify placements for these opportunities.)*

Schedule for Off-Campus Service Learning: *This schedule must be strictly adhered to unless modified by required attendance at on-campus BCHS events. Please list the times you will be at the site for each day of the week. Leave black days that you will remain at school throughout the day. Any changes to the schedule MUST BE APPROVED by the school and the location.*

Monday: _____ **Tuesday:** _____ **Wednesday:** _____
Thursday: _____ **Friday:** _____

Additional Notes:

- *Students must “sign-out” to the site with their driver’s license from either the BCHS, ATC, or InZone desk each day. Additionally, they must “sign-in” when returning. If off-site during first block, students must come to school to sign-out prior to reporting to the location. To start this sign-in/out process, students must register their driver’s license with Mr. Rick at the Innovation Zone, first. **This is non-negotiable.***
- *Students must have completed an “off-site” transportation form prior to driving themselves to the location.*
- *If students have academic trouble at any time during the semester, this placement will be revoked.*
- *Students must have at least two “empty” blocks (per DC class) throughout the week to work on dual credit coursework.*
- *Students must complete weekly surveys. Failure to do so will result in loss of privileges.*

Off-Site Mentor _____ Date: _____
Student Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____
Teacher of Record Signature: _____ Date: _____
School Authorization: _____ Date: _____

Student: _____ Site: _____

For Mentors: Service Learning Placement

In order to maximize the experience, Barren County Schools request the following of our mentors/partners accepting students in work-based learning roles.

1. Take an active role in the training and supervision of the student.
2. Provide a safe working environment by...
 - a. Providing OSHA-required trainings if necessary
 - b. Ensuring mentors have completed a criminal background check
 - c. Providing close supervision by a qualified employee to avoid subjecting the student to unnecessary or unusual hazards
 - d. Complying with all regulations prohibiting discrimination
 - e. Maintain confidentiality of student information
 - f. *If paid, the employer certifies that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Kentucky Department of Workers Claims as prescribed by KRS 342.630.*
3. Assist in the evaluation of the student by completing an evaluation tool
4. Provide a primary Point of Contact (POC) to the school.

In the event a student is not attending or performing satisfactorily, or if the status of the above criteria changes, the student will be removed from the worksite.

Student Responsibilities

Use the following checklist to track your progress in completing required tasks to be eligible for service learning opportunities at Barren County High School.

It is the responsibility of the student applying for service learning opportunities to ensure timely completion of the following tasks prior to placement.

1. Completed and Approved Application (Page 2) _____
2. Copies of the following delivered with this agreement: (front/back)
 - a. Driver's License _____
 - b. Health Insurance _____
 - c. Car Insurance _____
3. Evidenced on Forms
 - a. Parent/Guardian Signature _____
 - b. Off-Site Supervisor Signature _____
 - c. Permission form for Transportation _____
 - d. Medical Authorization _____

Student: _____ Site: _____

Student Agreement

I, _____, will participate in service learning placement experience which will take place at _____.

I understand that the mentor is giving valuable time to help me learn more in this field. By signing this contract, I agree to complete all the requirements of the service learning experience and take responsibility for the submission of all documentation.

Student Responsibilities:

- Student must be present at school at the normal time before traveling to location. _____ (initial)
- Student must observe all of the work-site rules. _____ (initial)
- Student must be courteous and considerate of all aspects of the training site. _____ (initial)
- Student must observe all school policies while at the training site. _____ (initial)
- Student must notify their the mentor of absences prior to the date missed via email:
 - Emergency absences require a phone call to the mentor. _____ (initial)
 - Notify scheduled absences at least one week in advance. _____ (initial)
- Student must report major issues regarding their placement to the school, immediately. _____ (initial)
- Student must stay up to date on all classwork _____ (initial)
- Student must inform mentor of any school scheduling conflicts _____ (initial)

Type of Work-Based Learning Placement *(please check one)*

Service Learning/Volunteering _____
Job Shadowing _____
Paid Work Experience _____

Student Signature (REQUIRED)

Date: _____ Phone: _____

Student: _____ Site: _____

Parent/Guardian Agreement

I, _____, parent/guardian of _____, give him/her permission to participate in service learning placement at _____.

I understand that the mentor is giving valuable time to help my students learn about their career. I understand that my student is being given an opportunity to gain hands-on career experience and will be training in an adult situation. My student will be treated as an adult; therefore, will be expected to maintain adult behavior. As parent/guardian, I accept responsibility for transportation to and from the training site. I will ensure my student maintains attendance expectations. Furthermore, I understand that if the student does not perform his or her responsibilities as expected, the student could lose his or her opportunity for placement.

Permission Form for Transportation

I hereby give my permission for _____
(Please print student name)

To Drive: from/to Barren County High School in connection with a school-related function and/or activity (work-based learning site, practice, etc.) as designated by Barren County High School.

Disclaimer : *In granting permission, I hereby expressly waive my claim for liability against Barren County Schools, the Board of Education, including its employees and representatives and release them from liability in connection with Barren County High School or the Barren County School District. Further, I assume full responsibility for any damage to persons and/or property caused by my student. I further expressly agree that in the event disciplinary action may be necessary, the student could be returned home at my expense. Further, in case of emergency or injury to the student, I hereby authorize the school and its personnel to act in the best interest of the student. I further consent and will be responsible for any medical and/or dental treatment that may be advisable at the discretion of any physician or dentist. I understand that I will be personally notified if it becomes for the student to be returned home and/or require health treatment. This form does not give consent to transport passengers to school related events. It is further warranted that if this Transportation Permission Form is signed by one of two parent(s)/guardian(s), it is with the authority of the other.*

Parent/Guardian Signature (REQUIRED)

Date: _____ Phone: _____

Student Signature (REQUIRED)

Date: _____ Phone: _____

REMINDER: COPIES OF DRIVER'S LICENSE, AUTOMOBILE INSURANCE, AND HEALTH INSURANCE MUST BE INCLUDED.

Student: _____ Site: _____

Medical Authorization

Should it be necessary for my child to have medical treatment while participating in work-based learning, I hereby give the school district permission and/or work-site personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

___ Yes

___ No

Permission is also granted to release emergency contact/medical history to the attending physician or to work-site personnel if needed.

___ Yes

___ No

Student's Name: _____

DOB: _____

Address: _____

Daytime Phone for Parent/Guardian: _____

Contact Other than Parent/Guardian: _____

Relation to Student: _____

Phone: _____

Family Doctor: _____

Phone: _____

Preferred Hospital: _____

Phone: _____

Does your child require any special accommodations due to medical limitations, allergies, disabilities, dietary constraints, or other restrictions? Please explain any that are required.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Student: _____ Site: _____

Schedule

To be agreed upon by mentor, student, and guardian.

This schedule must be strictly adhered to; however, due to mandatory student attendance for testing/advising on-campus, some days will require flexibility. Students must report these dates/times with the mentor and will be expected to be at school during those times. Any changes to the normal schedule must be approved by Barren County High School.

Please enter the start and end times for each day of the week for the Spring term. For days students will not be participating, please write "N/A" in the blank.

Off-Site Location: _____

Mentor Name: _____

Monday: Start Time: _____ End Time: _____

Tuesday: Start Time: _____ End Time: _____

Wednesday: Start Time: _____ End Time: _____

Thursday: Start Time: _____ End Time: _____

Friday: Start Time: _____ End Time: _____

Mentor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Teacher of Record Signature: _____ Date: _____