

**WORKSITE LEARNING
STUDENT FORMS**

**FOR WORK BASED LEARNING
COORDINATORS**

**NON-PAID LEARNING EXPERIENCE
Off-Campus**



VANCOUVER PUBLIC SCHOOLS



Vancouver Public Schools Off-Campus Worksite Learning Student Application

Student Name _____ Student ID _____ Period Enrolled _____

WBL Coordinator _____ Grade Level _____ Date of Birth _____ Are you 16 or older? Yes

Worksite Supervisor (print) _____ Worksite Location _____

Note: Background check is required for off-campus non-district sites

Career Cluster:	Continued Education Goal
<input type="checkbox"/> Agriculture, Food and Natural Resources <input type="checkbox"/> Architecture and Construction <input type="checkbox"/> Arts, A/V Technology and Communications <input type="checkbox"/> Business, Management and Administration <input type="checkbox"/> Education and Training <input type="checkbox"/> Finance <input type="checkbox"/> Government and Public Administration <input type="checkbox"/> Health Science	<input type="checkbox"/> Hospitality and Tourism <input type="checkbox"/> Human Services <input type="checkbox"/> Information Technology <input type="checkbox"/> Law, Public Safety, Corrections and Security <input type="checkbox"/> Manufacturing <input type="checkbox"/> Marketing, Sales and Service <input type="checkbox"/> Science, Technology, Engineering and Math <input type="checkbox"/> Transportation, Distribution and Logistics
<input type="checkbox"/> Enter a 4 year University <input type="checkbox"/> Enter a 2 Year Community College <input type="checkbox"/> Enter a vocational/trade/business school <input type="checkbox"/> Enlist in a branch of the military <input type="checkbox"/> Enter an apprenticeship program <input type="checkbox"/> Work full-time after graduation before making decision about further education and training <input type="checkbox"/> Other (example: church mission, volunteer program, etc.):	

NON-PAID WORKSITE LEARNING ACTIVITIES

STUDENT MEDICAL/ACCIDENT INSURANCE AND EMERGENCY TREATMENT CONSENT

Personal medical insurance coverage is required for participation in this program.

If the medical insurance status changes, please contact the Work-Based Learning Coordinator at the high school.

Please check one:

- Student is not currently covered by accident insurance. Please send information/forms to register my student for student accident insurance.
- Student is currently enrolled in the School Insurance Program.
- Student is currently covered by State Medical Coupons.
- Student is not enrolled in the School Insurance Program; we carry our own accident/medical insurance.

Name of Insurance Company _____ Policy Number _____

Emergency Contact _____ **Phone No.** _____

Special medical conditions that need accommodation for student's participation in scheduled activities are: _____

1. In the event of illness or accident, I understand reasonable efforts will be made to contact the parent/guardian or the emergency contact immediately. If not available, I authorize school district or learning worksite personnel to secure emergency medical care as needed on my behalf. I agree to be responsible for the cost of any medical services and to reimburse the school district or learning worksite for medical expenses they incur on behalf of my child.

2. While teachers and other school employees who work with students on a daily basis are required to undergo a criminal background check, it is important to understand that your child may be working with adults in the community who are not subject to similar criminal background checks. I understand that my child may come in contact with community members who have not completed a criminal background check.

3. I release Vancouver School District and the learning worksite from any claims my child might have for injuries or damage resulting from the risk and dangers involved in this type of activity unless caused by the sole negligence of either party

STUDENT TRANSPORTATION CONSENT

A Work-Based Learning Program is a means of providing relevant learning and training experience. This program is voluntary and, in order to participate, the student and parent/guardian must accept the following responsibilities:

Transportation will be: (Check One Box)

- Student will walk to learning/training site Public transportation – My student has permission to ride on public transportation
 Parent will drive student to learning/training site District-provided transportation

Student driving – Student has a valid Driver's License and is covered by automobile liability insurance. Both will be valid and in force at all times during the program participation.

- Provision for transportation to and from the work/learning site and school or home will be made only by the student and parent/guardian. If a student is permitted to drive, **transportation or riding with another student is not permitted.**
- **Auto Insurance covering the student and a valid driver's license are required by state law.**

Driver's License Number: _____ Expiration Date: _____

Insurance Company: _____ Policy No. _____ Expiration Date: _____

1. In this program, students may have the opportunity to travel, sometimes one-on-one with worksite professionals, to various additional sites and locations associated with their worksite placement.
2. Participation in the program is voluntary and the district is not directly supervising, controlling, or providing the student's transportation. The student and his/her parent(s)/guardian(s) agree to defend and hold harmless the District and the Work-Based Learning Worksite from any and all claims and losses resulting from student travel between sites.
3. The undersigned parent(s)/guardian(s) hereby consent or agree that their child (student) is permitted to enroll and participate in the Work-Based Learning program.

Notice of Non-Discrimination

Vancouver Public Schools is an equal opportunity district in education programs, activities, services and employment. Vancouver Public Schools does not discriminate on the basis of race; creed; color; religion; sex; national origin; marital status; sexual orientation, including gender expression or identity; age; families with children; honorably discharged veteran or military status; the presence of any sensory, mental or physical disability; or the use of a trained dog guide or service animal. We provide equal access to the Boy Scouts of America and other designated youth groups. We also comply with Section 504 of the Rehabilitation Act of 1973; Section 402 of the Vietnam Era Veterans Readjustment Act of 1974; the Americans with Disabilities Act of 1990; the Civil Rights Act of 1964; the Age Discrimination in Employment Act; Older Worker Protection Act; and all other state, federal and local equal opportunity laws. If you have a physical or mental disability that causes you to need assistance to access school facilities, programs or services, please notify the school principal. This district endeavors to maintain an atmosphere free from discrimination and harassment. Any person who believes he or she has been discriminated against should contact the school principal and complete the appropriate grievance or complaint form.

I have read and understand the information on this Student Application form including the Medical/Accident Insurance and Emergency Treatment Consent and the Transportation Consent. My signature below gives my approval for my student's participation in the Work-Based Learning program and my agreement to these documents.

Required Signatures:

Student

Parent/Guardian

Student Signature

Parent/Guardian Signature

Student Email

Parent/Guardian email

If student is driving, attach:

- Copy of current Insurance Coverage
- Copy of current Driver's License