

WORK-BASED LEARNING APPLICATION

Summer 2010 and/or School Year 2010-2011

Open to Qualified Students—Late or incomplete applications may not be considered.



Summer, 1st, and 2nd semester applications are **due by April 16, 2010**

Student Information—Please print CLEARLY. Submit a COMPLETED application. Write N/A when not applicable to you.

Name: _____ Current School: _____

CURRENT Grade: (one): Rising 9th 9th 10th 11th 12th

Mailing Address: _____ City: _____ Zip: _____

Home Phone (_____) _____ Cell phone (_____) _____ E-mail: _____

Legal Custodian or Legal Guardian Information: Only list persons with whom you live.

Name	Employer	Work Phone	Cell Phone

Future career goal: _____ Plans after high school: _____

Other Information

- Have you done previous shadowings or internships through Catawba County Schools? Yes No. If Yes, please list and include grade during which you completed them: _____
- What means of transportation would you use to get to a work-based learning site? _____
- Will you have a job, sports, or other major commitments during the time you are requesting this program? Yes No
If Yes, please describe the obligations: _____

Available Programs for RISING and CURRENT 9th Grade Students

Use this application for *summer, 1st semester, and/or 2nd semester* programs. Check ALL programs for which you wish to apply. Grade is awarded as Pass/Fail and is reflected on the student's high school transcript.

Types of Programs	<input type="checkbox"/> Summer Service Internship (maximum credit allowed=1 credit; minimum of 35 hours required; one internship per summer)
	How many hours do you wish to serve? (check one) <input type="checkbox"/> 35=¼ credit <input type="checkbox"/> 70=½ credit <input type="checkbox"/> 135=1 credit
	<u>1st Choice</u> <u>2nd Choice</u>
	Volunteer Area? (Ex. Library or YMCA) _____
	Name of Organization? (if known) _____
	Contact Name? (if known) _____
	Contact Phone or Email? (if known) _____
	<input type="checkbox"/> After-School Service Internship (Maximum credit allowed=1 credit; minimum of 35 hours required; one internship per semester)
	How many hours? (check one) <input type="checkbox"/> 35=¼ credit <input type="checkbox"/> 70=½ credit <input type="checkbox"/> 135=1 credit Which Semester? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd
	<u>1st Choice</u> <u>2nd Choice</u>
Volunteer Area? (Ex. Library or YMCA) _____	
Name of Organization? (if known) _____	
Contact Name? (if known) _____	
Contact Phone or Email? (if known) _____	

Available Programs for CURRENT 10th and 11th Grade Students

Use this application for *summer, 1st semester, and/or 2nd semester* programs. Check ALL programs for which you wish to apply. Grade is awarded as Pass/Fail and is reflected on the student's high school transcript.

Types of Programs

Summer Service Internship **OR** **After-School Service Internship**

(maximum credit allowed=1 credit; minimum of 35 hours required; one internship per summer or semester)

How many hours? (check one) 35=¼ credit 70=½ credit 135=1 credit

If after school, which semester? 1st 2nd

1st Choice

2nd Choice

Volunteer Area? (Ex. Library or YMCA) _____

Name of Organization? (if known) _____

Contact Name? (if known) _____

Contact Phone or Email? (if known) _____

Special Summer Career Programs See your counselor for flyers on each program. (70 hours required; one internship per summer)

Career U! (sponsored and facilitated by Catawba County Schools)

Health Careers (sponsored by Catawba Valley Medical Center)

M. L. Butler Engineering Internship (sponsored and facilitated by Duke Energy and Catawba County Schools)

C3 Leadership Academy (sponsored and facilitated by NC Extension Service and Catawba County School)

Summer Career Internship (maximum credit allowed=1 credit; minimum of 35 hours required; one internship per semester.)

How many hours? (check one) 35=¼ credit 70=½ credit 135=1 credit

1st Choice

2nd Choice

Career Area? (Ex.: Medical or Electrician) _____

Name of Business? (if known) _____

Contact Name? (if known) _____

Contact Phone or Email? (if known) _____

During-School Career-Internship (135 hours and attendance to end of semester =1 credit)

What Period(s)? 1 2 3 4 1/2 block 3/4 block **Which Semester?** 1st 2nd

(Juniors may only apply for 4th period; only Seniors may apply for a double-block programs)

1st Choice

2nd Choice

Career Area? (Ex.: Medical or Electrician) _____

Name of Business? (if known) _____

Contact Name? (if known) _____

Contact Phone or Email? (if known) _____

During-School Teaching Internship (credit earned=1 credit; attendance through end of semester required)

LEVEL I Which Semester? 1st 2nd

What Period? 1 2 3 4

LEVEL II Which Semester? 1st 2nd

What Period? (if known) 1 2 3 4

1st Choice

2nd Choice

Grade level/Subject area? _____

School? (if known) _____

Teacher? (if known) _____

Apprenticeship (For more information, call 828-464-8333)

What Period(s)? 1 2 3 4 1st/2nd block 3rd/4th block **Which Semester?** 1st 2nd

1st Choice

2nd Choice

Career Area? (Ex. Medical or Electrician) _____

Name of Business? (if known) _____

Contact Name? (if known) _____

Contact Phone or Email? (if known) _____

Relevant Coursework/Experiences

Your transcript will be assessed to determine if you have **sufficient, successful coursework** related to your **Work-based Learning Program** request. If you have **additional courses** other than those that will appear on your transcript **or** if you have had **experiences other than school coursework** that are related to your request, please list here:

Recommendations

One purpose of this application process is to gather information about your skills in the area of your Work-based Learning request. At least two teacher recommendations and a counselor recommendation are required.

Current middle school students:

- **BOTH** teacher recommendations must come from core course teachers (*English, science, social studies, or math*)

Current high school students:

- **BOTH** teacher recommendations must come from teachers who have taught you in courses that directly relate to this request. (*For example, a Computer Technology applicant should ask teachers who have taught him/her in Computer Apps courses, Networking courses, etc. to complete the forms.*)
- It is suggested that you list teachers who have had you in class for at least nine weeks, either from the current or previous semesters.

Which teachers would you prefer we contact for your recommendations?

Teacher's Name:	_____	Subject(s)	_____
Teacher's Name:	_____	Subject(s)	_____
Counselor's Name:	_____	<i>(Fill out Part I of the attached counselor recommendation form BEFORE submitting your application.)</i>	

Essay - In your own handwriting, explain why you want to do this Work-based Learning Program and exactly how it will relate to your future goals:

I understand that completing this application is the *first* step to determine program eligibility. I further understand that should I become eligible and be placed in a Work-based Learning Program, I can only earn up to the maximum credit allowed for the program I choose.

Qualified students may enroll in any course or activity regardless of race, color, religion, age national origin, sex, marital status, pregnancy, parenthood, or handicapping conditions.

Student's Signature

Date

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- **Applications for Summer 2010, 1st semester, and/or 2nd semester 2010-2011 are due on Friday, April 16, 2010.**
 - **LATE OR INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED.**
 - **Completing an application DOES NOT guarantee placement. Many factors determine whether a student can be placed in a work-based learning program.**
 - **No wages can be earned except for apprenticeships.**

Work-based Learning Program Rules and Regulations for Internship/Apprenticeship Students

I, _____, agree to comply with the following rules and regulations
(Student's Printed Name)
while participating in the Work-Based Learning Program:

1. **ATTENDANCE POLICY:** Student having more than four (4) absences or more than four (4) tardies in the current semester, may not be eligible for the Program. Student having more than four (4) absences or more than four (4) tardies in all classes during the semester in which Student is participating in an Internship/Apprenticeship through the Program, may be placed on probation or removed from the Program with a failing grade.
2. **GRADES:** Both as an applicant and while participating in the Program, the Catawba County Board of Education may evaluate and monitor Student's grades for all of Student's classes. While being considered for an Internship/Apprenticeship, if Student is failing any other classes, Student may not be eligible. While participating in the Program, if Student at any time has a failing grade status in any of Student's classes, Student may be put on probation in the Program or dismissed from the Program and receive a failing grade.
3. **DISCIPLINE:** Student shall, at all times while enrolled in and participating in the Program, comply with the requirements of this Contract and with CCBOE Code of Conduct expectations for Student behavior and all policies and requirements of CCBOE, and be subject to disciplinary action by CCBOE. Any breach of this Contract by Student or Legal Custodian/Legal Guardian or violation by Student of any CCBOE policy or requirement may result in Student being placed on probation or being removed from the Program with a failing grade.
4. **CONFIDENTIALITY:** All information obtained by Student during Student's participation in the Program at Student's assigned site whether formally, informally, deliberately, or accidentally, shall be kept by Student in complete confidence. ***A single breach of confidentiality by Student will result in Student's automatic dismissal from the Program with a failing grade.***
5. **SITE REGULATIONS/GUIDELINES:** Student shall conform to and comply with all the regulations of Student's assigned Internship/Apprenticeship site, including but not limited to, dress and conduct.
6. **ABSENCES:** Student shall present his/her person at the Internship/Apprenticeship site for participation in the Program at the times and locations scheduled by the Program Coordinator. Student shall notify Student's assigned site supervisor, as well as, other designated individuals specified, should anything cause Student to be absent from Student's Internship/Apprenticeship. Student shall not alter Student's assigned Internship/Apprenticeship schedule unless the Internship/Apprenticeship Coordinator has given Student approval to do so.
7. **PROBLEMS/CONCERNS:** Student shall notify Student's site supervisor, counselor, and program coordinators should any problems or concerns arise regarding Student's Internship/Apprenticeship.
8. **DROPPING/REMOVAL FROM PROGRAM:** Student shall remain enrolled at a high school within the CCBOE school district during the period of time Student is enrolled in the Program. In the event after being accepted, Student withdraws from, ceases to attend, is dismissed, removed, expelled or suspended from the Program or high school, drops out of the Program or high school, Student may receive a failing grade for the Program.
9. **PROGRAM COMPLIANCE:** Student agrees to abide by any regulations, practices, procedures of the Program and specific Internship/Apprenticeship, as discussed during Student's placement and training.
10. **PAPERWORK/ASSIGNMENTS:** Student shall complete all required items of paperwork and assignments required of the Program and shall submit these at the designated time(s) to Student's site supervisor, counselor and program coordinators as designated.

Student's Signature: _____

Date: _____

CATAWBA COUNTY BOARD OF EDUCATION

Work-based Learning Program Agreement

THIS AGREEMENT is being made and entered into between **Catawba County Board of Education** (hereinafter "**CCBOE**") and Student, _____, and Legal Custodian/Legal Guardian, _____,
(Student's Name)

_____. All parties agree that the consideration
(Name of Legal Custodian or Legal Guardian)

exchanged herein is sufficient and all parties agree to the following statements, terms and conditions:

1. CCBOE has created a Work-based Learning Program designed to give Students a work-based learning experience in a career field of his/her choosing. These work based learning experiences include internships and apprenticeships. In addition to workplace skills and knowledge, the program is designed to help Students reflect on their experience in order to make more informed decisions about future career paths. Student and Legal Custodian/Legal Guardian desire Student to enroll in and participate in the Work-based Learning Program (hereinafter referred to as "the Program") and abide by the requirements of CCBOE with regard to the Program. CCBOE has approved Student for enrollment in and participation in the Program, _____ Internship/ Apprenticeship, for the **Summer 2010 or 1st semester 2010-2011 or 2nd semester 2010-2011**. Student and Legal Custodian/Legal Guardian agree that during the **Summer 2010 or 1st semester 2010-2011 or 2nd semester 2010-2011**. Student shall be placed in an Internship/Apprenticeship at a site location in the discretion of and to be determined by the Career Development Coordinator.
2. **LEGAL CUSTODIAN/LEGAL GUARDIAN VERIFICATION:** Legal Custodian/Legal Guardian hereby certifies that he/she is the biological parent, legal custodian or legal guardian of Student and that, immediately upon request by CCBOE, he/she shall provide any and all documentation requested by CCBOE to verify his/her relationship to Student. In the event sufficient and satisfactory such documentation is not provided to CCBOE, Student may be removed or dismissed from Program. **Legal Custodian/ Legal Guardian hereby acknowledges that, except as provided herein, there are no special circumstances, needs or conditions related to Student that the Program coordinators need to be aware of in order to help ensure Student's success in the Program. In the event any such special circumstances, needs or conditions exist, they are identified below:**

3. **EXPENSES:** Certain Internships/Apprenticeships may have special requirements which involve expenses that would be the Student's responsibility. Please discuss this or any concerns with the Program Coordinator.
4. **PROGRAM COMPLIANCE:** Student and Legal Custodian/Legal Guardian acknowledge that they have received and understand all of the Rules and Regulations for Apprenticeships and Internships, whichever is applicable. Student agrees to abide by any regulations, practices, procedures of the Program and specific Internship/Apprenticeship, as discussed during Student's placement and training and as provided in the Rules and Regulations for Apprenticeships and Internships, whichever is applicable.
5. **TRANSPORTATION:** While enrolled in and participating in the Program, Student and Legal Custodian/Legal Guardian shall be responsible for transportation to and from the Internship/Apprenticeship site. Legal Custodian/Legal Guardian hereby gives unrestricted permission for Student to travel to Student's Internship/Apprenticeship site and all other activities and sites related to Student's participation in the Program.

6. **INSURANCE:** Students who participate in the Program shall at all times while Student is enrolled in and participating in the Program, maintain and have in effect medical, health or accident insurance coverage. *Legal Custodian/Legal Guardian hereby acknowledge and certify that Student is and will be covered under the following medical, health or accident insurance plan during Student's enrollment and participation in the Program:*

Accident Insurance policy available through Student's school: name of provider:

Other medical, health or accident insurance: name of provider:

At all times during Student's enrollment and participation in the Program, Student and Legal Custodian/Legal Guardian **shall immediately notify the Program Coordinator of any change in the foregoing medical, health or accident insurance coverage.**

Cannot process without insurance information!

7. **CONSENT FOR RELEASE OF RECORDS AND INFORMATION Pursuant to 20 U.S.C §1232g; 34 CFR Part 99 (FERPA):** Student and Legal Custodian/Legal Guardian hereby acknowledge and agree that the educational records and other records or information relating to Student, including personally identifiable information from Student's records, may be protected pursuant to the Family Education Rights and Privacy Act (20 U.S.C. §1232g and 34 CFR Part99) and, therefore, may not be released by any school officials of CCBOE without the written consent and permission of the Student and Legal Custodian/Legal Guardian. CCBOE and its officials are hereby authorized to the release, disclose and share the following records and information relating to Student with and to any and all agents of any and all persons or businesses who sponsor or participate in the Program: Any and all educational records and information relating to Student, including, but not limited to, attendance records, grades, transcript data, discipline records, and any and all other records necessary for Student's participation in the Program. Student and Legal Custodian/Legal Guardian hereby acknowledge that each has the right to 1) refuse to sign this Consent, 2) revoke this Consent, in writing, by sending written notification to CCBOE, and 3) inspect and copy the personally identifiable information and records to be disclosed. By their signatures affixed below, Student and Legal Custodian/Legal Guardian hereby consent to the release, disclosure and sharing of information and records relating to Student as set forth herein.
8. **FAIR LABOR STANDARDS ACT NOTICE:** Community and business sponsors of the Program are not in violation of the Fair Labor Standard Act by participating in the Program as long as the following criteria are met in Sponsor-Intern/Apprentice relationships: the training is similar to that which would be given in a vocational school, the training is for the benefit of the students, the interns do not displace regular employees, the employer that provides the training derives no immediate advantages from the activities of the trainees or students, the students are not necessarily entitled to a job at the conclusion of the training period and the employer and student understand that students are not entitled to wages for the time spent in training.
9. **RELEASE OF LIABILITY:** Legal Custodian/Legal Guardian and Student, for and in consideration of good and valuable consideration, in hand paid, receipt of which is hereby acknowledged, does hereby, for their heirs, executors, administrators, successors and assigns, release, acquit, and forever discharge Catawba County Board of Education, and its agents, employees, servants, successors, attorneys and all other persons, corporations, firms, associations, or partnerships claiming by, through, or under it, of and from any and all claims, actions, causes of action, demands, rights, damages, costs, loss of service, expenses, and compensation whatsoever which the Legal Custodian/Legal Guardian and Student now has or which may hereafter accrue with respect to any participation, activity, enrollment and attendance by Student in the Program, including any and all known and unknown, foreseen and unforeseen, damage and the consequences thereof resulting or to result, or arising out of or through, any and all actual, alleged, or implied rights, claims, actions, or causes of action which the undersigned may have against Catawba County Board of Education. Legal Custodian/Legal Guardian and Student further declare and represent that no promise, inducement, or agreement not herein expressed has been made to the Legal Custodian/Legal Guardian and Student, that this Agreement contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not a mere recital.
10. This Agreement shall binding upon, all parties hereto and their successors and assigns.
11. Except as otherwise provided in this Agreement, this Agreement shall not be amended, changed, modified or altered except by written agreement of the parties.
12. This Agreement is governed by and shall be construed in accordance with the laws of the State of North Carolina. If any provision of this Agreement is held invalid or unenforceable by any court of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provisions of this Agreement.
13. All parties acknowledge and stipulate that this Agreement is the product of mutual negotiation and bargaining between all parties and that it has been drafted and reviewed by counsel for all parties.

All parties have signed this document the _____ day of _____, 20_____.

Catawba County Board of Education

By _____
 Karen S. Cale
 Director of Career and Technical Education
 Catawba County Board of Education

(SEAL)

 Signature of Legal Custodian/Legal Guardian

(SEAL)

 Signature of Student

(SEAL)

Cannot process without parent AND student signatures!

COUNSELOR RECOMMENDATION FOR WORK-BASED LEARNING PROGRAM

TO STUDENT: Complete Part I of this form before submitting the application.

Part I

Name of Applicant: _____ School: _____

Current Grade (one): 9th 10th 11th

I am requesting the following summer and/or school-year work-based learning program(s):	I hope to serve in the following area or location:
<input type="checkbox"/> Apprenticeship	_____
<input type="checkbox"/> Career (<i>during school day</i>)	_____
<input type="checkbox"/> Career (<i>summer</i>)	_____
<input type="checkbox"/> Service (<i>summer</i>)	_____
<input type="checkbox"/> Service (<i>after school</i>)	_____
<input type="checkbox"/> Teaching (<i>during school day</i>): <input type="checkbox"/> Level I <input type="checkbox"/> Level II	_____
<u>Special Summer Career Programs</u>	
<input type="checkbox"/> Career U (<i>sponsored by Catawba County Schools</i>)	_____
<input type="checkbox"/> M. L. Butler Engineering (<i>sponsored by Duke Energy</i>)	_____
<input type="checkbox"/> Health Careers (<i>sponsored by Catawba Valley Medical Center</i>)	_____
<input type="checkbox"/> C3 Leadership Academy (<i>sponsored by NC Extension Service</i>)	_____

Part II

TO COUNSELOR: The student named is applying for a Work-based Learning Program in the area indicated above. Please complete this recommendation form as part of the application screening process. The information you provide will be kept **CONFIDENTIAL**. Please return this form along with the requested information to the Internship Coordinator. Thanks!

<input checked="" type="checkbox"/>	Enclose	Notes/Comments
<input type="checkbox"/>	Please attach copy of most recent high school transcript .	
<input type="checkbox"/>	Please attach copy of current discipline profile, or indicate NA .	
<input type="checkbox"/>	Please attach copy of most current grades (<i>if not already included on transcript</i>).	
<input type="checkbox"/>	Please attach attendance summary .	

1. Are there any special needs or circumstances for this student? (EC, 504, handicap, medical conditions, special situations, etc.)
 No Yes; explain: _____

2. If you were responsible for placing and/or supervising this student in a Work-based Learning Program, would you have any concerns about this student's ability to be a positive representative of the school and have a successful experience?
 No Yes; explain: _____

3. (*Applicable only for seniors/rising seniors requesting internship during school day*)
Do you see any reason he/she should NOT be permitted to use a double-blocked period for the Work-based Learning experience since only one (1) credit will be earned?
 No Yes; explain: _____

4. Keeping in mind the internship this student is requesting, do you: (check one):
 Highly recommend Recommend Recommend with reservations Prefer not to recommend

Comments: _____

Counselor Signature: _____ Date _____