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## CAREER AND WORK EXPLORATION PROGRAM AGREEMENT

School: \_\_\_\_\_

Date: \_\_\_\_\_

### A. PARTIES TO THE AGREEMENT

- |                  |       |                |       |
|------------------|-------|----------------|-------|
| 1. Student:      | _____ | Date of Birth: | _____ |
| Address:         | _____ | Home Phone:    | _____ |
| 2. Work Station: | _____ | Supervisor:    | _____ |
| Address:         | _____ | Phone:         | _____ |
| 3. Teacher:      | _____ | Address:       | _____ |

### B. TIME AT WORK STATION

The student shall, from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) serve the employer as a learner in a Work Education Program during the hours of \_\_\_\_\_ to \_\_\_\_\_. The student will be at the work station on the following days:

Monday AM PM      Tuesday AM PM      Wednesday AM PM  
Thursday AM PM      Friday AM PM  
Other: \_\_\_\_\_

### C. INSURANCE COVERAGE

As a "learner" under this Agreement, the student is covered under *The Workers' Compensation Act*. The Board of Education maintains insurance with respect to its liability under the Work Education Programs. The employer carries liability insurance.

### D. SIGNATURES OF THE PARTIES TO THE AGREEMENT

\_\_\_\_\_  
Student

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Coordinating Teacher