

# Worksite Learning Program



## Required Forms

**STUDENT**



Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

School (circle): CHS EHS JHS SHS

**Everett Public Schools**

3900 Broadway, Everett, WA 98201  
425-385-4000 • [www.everettsd.org](http://www.everettsd.org)

**FORM 1**

# Worksite Intent & Legal Assessment

## Worksite Information

Name of Business:

Address:

City/State/Zip:

Hours of Operation:

Website:

Employer Lead Contact:

Phone:

Email:

Worksite Supervisor Contact (supervises student directly):

Phone:

Email:

## Indemnification

Each party to this agreement shall be responsible for damage to persons or property resulting from negligence on the part of itself, its employees, agents, or officers. No party will be considered the agent of any other party and no party assumes responsibility to any other party for the consequences of any act or omission of any person, firm, or corporation not a party to this agreement. Provided, the Employer shall defend, indemnify, and hold harmless the District, including its employees, directors, agents, volunteers, and affiliates, from and against any and all claims, actions, suits, demands, damages, liabilities, obligations, losses, settlements, judgments, costs, and expenses (including reasonable attorney's fees and costs) arising from the Employer's negligence or willful misconduct resulting in injury or other harm to the Student.

Worksite Supervisor Signature:

Date:


**FORM 2**

# Parent/Guardian Consent

## Student Information

Student Name:	DOB:	School:	Grade:
Student Phone:	Please mark if your student currently has: <input type="checkbox"/> 504 <input type="checkbox"/> IEP		
Parent/Guardian Name:	Parent/Guardian Phone:		

## Medical and Insurance Information

Emergency Contact:	Emergency Contact Phone:
Doctor's Name:	Doctor's Phone:
List any Medications:	
List any Allergies:	
Student had medical/accident insurance: <input type="checkbox"/> NO <input type="checkbox"/> YES (if YES, complete next question)	
Name of Medical/Accident Insurance Carrier:	Insurance Carrier Phone:
Policy Holder Name:	Policy Number:

## Student Transportation

Please select the mode of transportation your student will be using to commute to and from the worksite location.

<input type="checkbox"/> Public Transportation**	Will student need financial assistance purchasing bus pass? <input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> Walk	
<input type="checkbox"/> Own Car* <input type="checkbox"/> Parent/Guardian Car* <input type="checkbox"/> Other* (specify):	* Must include Everett School District Private Vehicle Travel Authorization (Form PD-2)



**\* ONLY Complete if you or family drives to work**

**FORM 2.1**

# Private Vehicle Travel Authorization

This form must be completed before a student can travel in a private vehicle to and from district activities.

## To be Completed by Driver (Student, Parent, or Guardian)

Driver's Name:		Driver's Age:
Passenger(s) Name:		Passenger(s) Age:
Insurance Provider/Company:		Policy Number:
Policy Holder Name:	Type of License: <input type="checkbox"/> Intermediate <input type="checkbox"/> Regular	Date of Issue:

## To be Completed by Parent/Guardian

I grant permission for *(insert student's name)* \_\_\_\_\_ to travel to and from the activity described above by private vehicle.

This form to be on file at the student's home school. If any changes occur, it's the responsibility of the student and parent to contact the school.

I understand that when a private vehicle is used for transporting students to and from District activities, the private operator or registered owner is responsible for carrying vehicle insurance with liability limits not less than the minimum required by the State of Washington, maintaining the vehicle in safe working condition and operating the vehicle within the rules set by the State of Washington.

I understand that when a private vehicle is used to transport students to and from District-sponsored activities, the private vehicle owner's insurance provides primary insurance coverage in case of an accident.

I agree to protect, indemnify, release and hold harmless the Everett School District, its elected and appointed officials, employees, agents, staff, and volunteers for any and all claims or less directly attributable to the use of private transportation as described herein, including, without limit, any and all claims arising from the negligence of the Everett School District, but not including claims arising solely from the gross negligence of the Everett School District.

I certify that I am the parent or legal guardian of *(insert student's name)* \_\_\_\_\_ and I have read and understood the above information.

Signature of Parent/Guardian:	Phone Number:	Date:
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## To be Completed by Student

I am a student at *(insert school name)* \_\_\_\_\_ and I have read and understood the above information.

Student's Signature:	Phone Number:	Date:
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## Parent/Guardian Consent

I certify that I am a parent or legal guardian of the student named above ("Student"). I understand that in the program listed above (Cooperative Work-based Learning, Instructional Worksite Learning, or CTE Coordinating Course) the Student will perform work-related learning activities in a work-based environment, and that school personnel may not be present when the Student is at the worksite. I understand this to be an enriching opportunity for the Student that will allow him/her to apply his/her classroom learning while developing valuable work experience and prospective employment contacts. Although I understand that the school district will make reasonable efforts to ensure that the worksite is a safe environment for the Student, I am fully aware that there are special dangers and risks inherent in participating in any off-site work experience beyond the control and custody of the school district. Being fully aware of these risks, I hereby give consent for the Student to participate in the program. My signature reflects my knowledge of the details of the program and grants permission for the Student to participate in the program. I further agree to release and hold harmless the Everett School District and its officers, officials, employees, agents, and volunteers from any and all claims, injuries, damages, losses, or suits, including attorney fees and costs, arising out of any injury or damage caused by the Student or to the Student or the undersigned as a result of the student's participation in the program including, without limit, where caused by the negligent acts or omissions of the school district: but not including where caused solely by the direct and proximate gross negligence of the school district. My signature below furthermore authorizes emergency medical treatment for the student.

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Signature of Parent/Guardian:

Date:

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**FORM 3**

# Worksite Learning Agreement

## Cooperative Worksite Learning Program

CTE Qualifying Course Title (to be completed with Worksite Coordinator):

☐ Previously completed☐ Enrolled concurrently with Program☐ Connected to High School and Beyond Plan

Career Pathway:

Career Goal:

## Student Information

Student:

School:

Counselor:

Current Age:

Student Email:

Parent/Guardian Name:

Parent/Guardian Phone:

## Worksite and Supervisor Information

Name of Business:

Address:

Worksite Supervisor:

Worksite Supervisor Contact (supervises student directly):

Phone:

Email:

## District Worksite Coordinator Information

Teacher/Worksite Learning Coordinator: Bree Youngberg

Phone: (206)465-2313

Email: byoungberg@everettsd.org

DO NOT COMPLETE