

# FOUR COUNTY AREA VOCATIONAL COOPERATIVE WORK INTERNSHIP TRAINING AGREEMENT

\_\_\_\_\_  
FCAVC Program

\_\_\_\_\_  
Student High School

\_\_\_\_\_  
Student Home Phone

\_\_\_\_\_  
Student Cell Phone

## GENERAL INFORMATION:

1. The work internship program is designed to expose students to various areas of their specialized studies. Students are required to be in the classroom no less than 20% of the school week.
2. \_\_\_\_\_ agrees to participate in the work internship program with placing \_\_\_\_\_ as a(n) \_\_\_\_\_
3. The student learner will be assigned to shadow with a competent adult mentor in the occupation. \_\_\_\_\_
4. The student learner will  will not  be compensated for his/her work.  
If paid internship, the student learner will be compensated at a rate of: \_\_\_\_\_ per hour.
6. The student learner will begin his/her occupational experience on: \_\_\_\_\_ and ending: \_\_\_\_\_, on the agreed upon school days as listed below.

Dates of Internship: \_\_\_\_\_  
\_\_\_\_\_

## The Training Agency Agrees:

1. To provide a variety of occupational experiences as outlined in the training plan.
2. Not to release any regular employee for the purpose of employing a student learner.
3. All applicable laws (Federal, State, Local) pertaining to the employment of student learners must be observed.

## The School Agrees:

1. To provide related occupational instruction.
2. To periodically observe the student learner on the job.
3. To take necessary action in providing suitable solutions to complaints.

## We Mutually Agree:

1. This internship program may be discontinued at any time by the Training Agency or the School. Consultation by all parties involved should be conducted prior to dissolution.
2. No obligations of employment of the student learner shall exist beyond the conclusion of the training period.

\_\_\_\_\_  
Training Agency

\_\_\_\_\_  
Coordinator

\_\_\_\_\_  
Student

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

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Vocational Director

**FOUR COUNTY AREA VOCATIONAL COOPERATIVE  
WORK INTERNSHIP TRAINING PLAN**

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

\_\_\_\_\_  
Internship Training Agency

\_\_\_\_\_  
Internship Position

\_\_\_\_\_  
Internship Agency Supervisor

\_\_\_\_\_  
Internship Coordinator

**Class Related Instruction:**

- Communication Skills
  - Developing Basic Employability Skills
  - Developing Interpersonal Skills
  - Developing Positive Work Habits
  - Employer/Employee Expectations
  - Finding and Applying for a Job
  - Leadership in the Work Place
  - Personal Safety
  - Personal Effectiveness
  - Planning for Success
  - Presentation Skills
  - Safety on the Job
  - Team Work Skills
  - Time Management

**On-the-Job Training**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_

The student learner is to be given specific safety instruction for procedures used. All students under 18 must have a work permit on file and employers must follow the labor laws.

\_\_\_\_\_  
Internship Agency Supervisor Signature

\_\_\_\_\_  
Coordinator Signature

\_\_\_\_\_  
Student Signature

FOUR COUNTY AREA VOCATIONAL COOPERATIVE  
WORK INTERNSHIP AGENCY INFORMATION

Agency Name:

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Agency Contact Person:

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Agency Street Address:

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Agency Mailing Address:

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Agency Phone:

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Agency Alternate Phone:

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Additional Information Regarding Work Internship Agency:

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