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| |  |  |  | | --- | --- | --- | | https://www.awinfosys.com/das/sd37/shared/custom/letterhead.gif | **CAREER PROGRAMS WORK EXPERIENCE PROGRAM AGREEMENT** |  |  |  | | --- | | **TO THE EMPLOYER Please discuss with the student the personal safety and emergency procedures at your organization.** | | *Students at a standard work site are covered by the Workers' Compensation Act. Students and parent(s)/guardian(s) must be aware that Workers' Compensation Board coverage is in effect only for the dates and times specified below.* | | The parties to this agreement are the Delta School District, the employer, the parent(s) or guardian(s) of the student, and the student. By their signatures the parties indicate their agreement to the terms and conditions on the reverse side of this agreement. |  |  |  | | --- | --- | | DATE | CAREER PROGRAM |  |  |  | | --- | --- | | **STUDENT NAME**  Address  City/Prov.  Postal Code  Home Phone Number  Birth Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student's Signature | **PARENT/GUARDIAN**  Home Telephone Number (if different from Student's)  Business Telephone Number  Cellular Telephone Number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian's Signature | | **EMERGENCY CONTACT**  Name  Home Phone Number  Business Phone Number  Cellular Phone Number | **COMPANY NAME**  Address  City/Prov.  Phone Number  Supervisor's Name  Supervisor's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **UNION:** Name of Union (if applicable)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Union Representative (if applicable) | | **SCHOOL NAME**  \_\_\_\_ Burnsview Secondary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number 604-594-0491\_\_\_\_\_\_\_\_\_\_\_\_  Fax Number 604-594-6352\_\_\_\_\_\_\_\_\_\_\_\_  School Contact Virginia Dean\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number 604-594-0491 ext. 258  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Administrator's Signature |      |  | | --- | | **WORK SITE PLACEMENT DATES** (if the student is employed by the Work Site Employer beyond the days stated, none of the provisions of this agreement apply). |  |  |  | | --- | --- | | Start Date | End Date | | (please refer to log sheet for details) | | | **NOTE: Please read reverse of this form before signing. DISTRIBUTION OF COMPLETED AGREEMENT** WHITE COPY - Employer   YELLOW - School   PINK - Student **FORM MUST BE RETURNED TO SCHOOL PRIOR TO START OF WORK EXPERIENCE** | | |