

**INTERNSHIP PROGRAM AGREEMENT
FOR
SECONDARY VOCATIONAL
TRADE AND INDUSTRIAL/HEALTH OCCUPATIONS**

Student _____

Cooperative Employer _____ Supervisor _____

This agreement details the individual on-the-job training experiences for the above-mentioned student in that:

- ❖ The STUDENT agrees to perform diligently the work experiences assigned by the employer according to the same company policies and regulations as they apply to other employees. Students will be required to work during the hours of the regularly scheduled class for at least 15-20 hours per week. The student will consult the instructor in regard to any problems, which may occur related to the internship program, and will not terminate the work experience with the cooperating employer without the approval of the program instructor.
- ❖ The COOPERATIVE EMPLOYER agrees to provide supervision of the student and provide varied experiences as listed in the Training Agreement/Plan and to consult with the program instructor on any problems concerning the performance of the student-trainee while on the job. The Employer is responsible for providing worker's compensation insurance for both non-paid and paid interns. In addition to practical instruction, the employer agrees not to discharge the student without first consulting the program instructor. The student will not be denied entry into the program because of race, color, national origin, sex or disability.
- ❖ The PARENTS of the student agree to share responsibility with the student for the conduct of the student while the trainee is working for the above named cooperating employer. The parents will assume all responsibilities and financial obligations incurred in transporting the student to and from the place of employment. Both the instructor and supervisor will evaluate students.
- ❖ If STUDENTS are under the age of 18, hazardous training procedures should be followed for 16-17 year olds.
- ❖ **JOPLIN R-VIII has liability insurance, which covers students on the job the same as if they were at school.**

Student _____ Cooperating Employer _____

Parent/Guardian _____ Program Instructor _____

Sending School Administrator _____

FTC Administrator _____