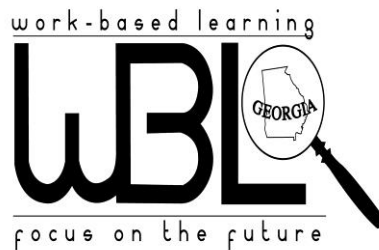


# Wilkinson County School District



## Youth Apprenticeship Work Based Learning Program



## Application Packet

## Program Overview

The work-based learning program provides an opportunity for students to develop a variety of skills by expanding the walls of classroom learning to include a structured work experience that is based on students' individual career goals/pathway.

## Program Guidelines


- Students must be in the 11<sup>th</sup> or 12<sup>th</sup> grade to participate in the program.
- Complete application packet. The packet will not be reviewed if it is not completed.
- Submit completed resume and cover letter to WBL Coordinator via email and include in packet.
- Recommendation Forms: Submit 2 recommendation forms from a Academic Teacher and CTAE Teacher. You do not have to be in the teacher's current class to give them the form. It must be a teacher that has taught you in a academic or ctAE course at the high school.
- Educational/Training Agreement Form: Complete form only if you have a job
- Once packet is submitted, WBL Coordinator, will schedule conference with student to discuss enrollment and program participation.

## Admission Minimum Requirements

The Student Must:

- be at least 16 years of age
- be on track to graduate
- have a clearly defined career goal
- be a student in good standing as pertaining to attendance, behavior, and grades
- have completed or concurrently completing related coursework/pathway
- submit 2 teacher recommendations and a resume/cover letter
- have transportation if working off campus
- be willing to submit to health/substance screenings that may be required by the employer

## Program Coordinator Information

- Chiquita Jackson, MSW, Ed.S Work Based Learning Coordinator
- Office Location: Wilkinson County Primary School
- Office Hours: 7:30 am – 3:30 pm
- Contact Information: 478-946-3616/478-233-3107 

chiquita.jackson@wilkinson.k12.ga.us



### Non-Discrimination Notice:

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## Youth Apprenticeship Application Form

**Check area of work you are interested in:**

Youth Apprenticeship (Off Campus)

Work Based Learning (On Campus)

Work Based Learning (Off Campus)

Other \_\_\_\_\_

### Teacher Recommendations

Two (2) teacher recommendations are required to be submitted on behalf of the student. It is the student's responsibility to request the recommendation for their selected teachers, and to follow-up to insure the recommendations have been submitted prior to the application deadline.

### Applicant Information

First Name:

Last Name:

Grade:  11  12

Graduation Year:

Address/City/State/Zip:

School Email Address:

Cell Number:

Parent/Guardian Name:

Parent/Guardian Name:

Parent Email Address:

Cell Number:

### CTAE Pathway

Select your pathway

Business/Technology  Engineering  AFJROTC  Fine Arts-Band

Therapeutic Services  Audio/Video Technology & Film I  other \_\_\_\_\_

### Career & Employment Information

Identify Your Career Goal:

Are you employed?  Yes  No

How many hours per week do you currently work?

Company Name:

Company Phone Number:

Supervisor Name:

Supervisor Email:

### Additional Information

Why are you applying for WBL? What do you hope to learn or do? Briefly explain:

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## Work-Based Learning - Wilkinson County School District WBL Policy Form

Student: Initial each item below to indicate your acknowledgement of this form.

- \_\_\_\_\_ **Attendance:** Students should assume responsibility for regular attendance at school and work. If you are absent from school, you CANNOT go in to work that day. You must let your employer know that you will not be present. There are exceptions to working on the day of an absence. These exceptions are a doctor's appointment, death in the family, or funeral. The Work-Based Learning coordinator should be notified by the student of any absences or attendance-related circumstances.
  
- \_\_\_\_\_ **School Behavior:** Students chosen for this program are among the top in the school. They are expected to set an example for other students and represent themselves and the Youth Apprenticeship program. If any student receives ISS or OSS, he/she should notify the Work-Based Learning Coordinator immediately so that work schedules can be handled. Repeated or severe behavior problems will be dealt with on a case-by-case basis and may call for termination from the program.
  
- \_\_\_\_\_ **Job Behavior:** Students are expected to make all efforts to succeed on the job. Job expectations include: appropriate dress, time management, good attendance, getting along with co-workers, following instructions, treating supervisors with courtesy and respect, accepting constructive criticism, and asking questions when needed. **DO not discuss confidential information learned during field experience. If in doubt, refrain from discussion.**
  
- \_\_\_\_\_ **Inappropriate Behavior Leading to Dismissal:** Any student who is fired by his/her employer will in turn be dismissed from the Work-Based Learning Program. This dismissal will result in the student's receiving no credit for the class. Alternate arrangements will be made to accommodate class time.
  
- \_\_\_\_\_ **Quitting a Job:** Students will only be permitted to quit their jobs when doing so is necessary and in the best interest of the student. This action should be discussed with the Work-Based Learning coordinator BEFORE any decisions are made. If quitting is necessary, a two-week notice must be given to the employer. The student will have two weeks to be employed in another position or he/she will be removed from the program. All changes to job status must be reported immediately to the Work-Based Learning Coordinator, failure to do so will result in immediate removal from program.
  
- \_\_\_\_\_ **Problems:** When any problems or concerns arise related to school or the work place, students should immediately bring these situations to the attention of the Work-Based Learning coordinator. Failure to do so could lead to further problems at school, dismissal from job, and/or possible dismissal from the program. Many problems can be handled in a reasonable manner if they are caught early enough and proper communication is involved.

By signing below, you are indicating that you understand and agree to the policies stated above.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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## Work-Based Learning - Wilkinson County School District Parent/Guardian Acknowledgement & Consent Form

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

Wilkinson County High School

Parent/Guardian: Initial each item below to indicate your acknowledgement/consent of this form.

\_\_\_\_\_ **Transportation Consent:**

I understand that the WBL program does not provide transportation, and confirm that my child has transportation to/from the worksite. I expressly release the Work-Based Learning program work site, local school, and the Wilkinson County School District and any agents of the employer or the school system from any liability that may result from my son/daughter/ward's use of his/her individual transportation or any other mode of transportation my student utilizes to meet this requirement.

\_\_\_\_\_ **Photo/Media Release:**

The WBL Coordinator and/or employer may wish to photograph participants in the program for promotional and/or educational purposes. I hereby give my consent to all Work-Based Learning photographs, audio recordings, and/or video recordings taken of me or my minor child by Wilkinson County School District or their designee. I understand that any photographs, audio recordings, and/or video recordings become the property of the local school/district/designee and may be used by the school, district, or others with the consent, for educational, instructional, or promotional purposes determined by the district in broadcast and media formats now existing or to be created in the future.

\_\_\_\_\_ **Student Record Release:**

I authorize the Wilkinson County School District to release my son/daughter/ward's student-submitted resume, academic, behavior and attendance records to any potential employer for the purpose of securing a potential job/internship placement, and I agree that the Wilkinson County School District and its agents will be absolved of any responsibility in connection with such release. This authorization can be cancelled at any time by written notice to the Work-Based Learning Coordinator.

Health/Medical:

\_\_\_\_\_ **Treatment Consent:** I hereby authorize the school or the Work-Based Learning Coordinator or work-site supervisor/mentor to secure emergency medical treatment. I will assume all financial responsibility.

\_\_\_\_\_ **Insurance:** I acknowledge and affirm that it is my responsibility to insure my son/daughter/ward is covered by medical/accident insurance throughout the duration of their participation in Work-Based Learning.

\_\_\_\_\_ Some employers require prospective employees to participate in drug screening procedures. In such cases, this procedure becomes a condition of participation/employment. I hereby consent to required drug screening of my child or ward as a condition of employment and subsequent drug screens as dictated by the company's drug policy.

\_\_\_\_\_ Some employers may require a physical examination and/or tetanus or tuberculosis vaccination. I consent to a company required physical examination and/or company required vaccinations as a condition of my son's, daughter's or ward's employment.

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\_\_\_\_\_ **Early Release:**

I understand that my son/daughter is enrolled in the WBL Program at Wilkinson County High School and that my child will be dismissed from school at the end of his/her regularly scheduled on-campus classes each day.

I assume full responsibility for my child after dismissal from school, including days when my child is not required to be on the job. I also understand that my child must be covered by automobile accident and health insurance in order to drive to and from work and to be a part of the work-based learning program.

\_\_\_\_\_ **Automobile Accident and Health Insurance:**

I understand that my child must be covered by automobile accident and health insurance to participate in the work-based learning program. I have checked the appropriate statement regarding insurance coverage for this school year. I agree to notify the work-based learning coordinator if this coverage changes during the school year.

**Automobile Accident Insurance**

My child is covered by automobile accident insurance through the following provider:

Provider \_\_\_\_\_ Policy Number \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Phone Number \_\_\_\_\_

**Health Insurance**

- My child is covered by health insurance purchased through the school
- My child is covered by health insurance through the following provider:

Provider \_\_\_\_\_ Policy Number \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Phone Number \_\_\_\_\_

Having read with understanding the above, I hereby give my consent to the enrollment of my son/daughter/ward in the Work-Based Learning program:

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

Date  
\_\_\_\_\_

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

Date  
\_\_\_\_\_

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## **Work-Based Learning - Wilkinson County School District EDUCATION/TRAINING AGREEMENT**

(Complete this form if you are working at a place of employment off campus)

\_\_\_\_\_ (Business name) will permit \_\_\_\_\_ (Student)  
from WCHS to enter their establishment as an employee under the supervision of \_\_\_\_\_  
for the purpose of gaining knowledge and experience in the occupational area of \_\_\_\_\_.

### **The Work-Based Learning student agrees to:**

- make a commitment to the WBL program, business, high school, and post-secondary education
- arrange for reliable transportation to and from field experience
- follow all company policies and procedures
- adhere to Wilkinson County Schools and Work-Based Learning Program rules and policies
- maintain a "B" average in course work
- meet skill requirements in training plan and complete course assignments to earn credit
- communicate any concerns associated with program to the Work-Based Learning Coordinator
- participate in events and opportunities sponsored by the WBL Program
- participate in progress reviews with mentor, coordinator, and parent(s)

### **The Parent(s)/Guardian agrees to:**

- support WBL student in meeting the requirements of the program
- participate in progress reviews
- communicate regularly with coordinator
- provide 24-hour insurance for the student
- grant permission for pictures, videos, and/or audios displaying work or school activities to be used in the promotion of the program
- encourage the Work-Based Learning student in the pursuit of post-secondary education

### **The Employer/Mentor agrees to:**

- designate an employee to serve as mentor and supervisor to the student
- provide adequate and safe equipment and a safe and healthful workplace in conformity with all health and safety standards of federal and state law
- provide appropriate safety training
- interview and select students for employment
- instruct the Work-Based Learning student in competencies identified in a job specific-training plan
- assess progress of the Work-Based Learning student twice a semester (copy to coordinator) and communicate concerns with the Work-Based Learning Coordinator
- support the Work-Based Learning program's academic probation policy\*
- encourage the Work-Based Learning student in the pursuit of post-secondary education

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**The Coordinator agrees to:**

- participate in progress reviews
  - work with mentor and student in the development of a training plan
  - meet twice a semester with employer/mentor
  - monitor progress and establish remediation when necessary
  - communicate regularly with parents of Work-Based Learning students
  - encourage the youth apprentice in the pursuit of post-secondary education
- 
- The employer and the Work-Based Learning coordinator will develop a training plan describing the components of the field experience.
  - The Work-Based Learning student may be terminated from the field experience at any time that the employer/mentor feels that the company or clients have been jeopardized. Loss of field experience site will result in loss of course credit.

The undersigned parties agree to these responsibilities in the implementation of this agreement.

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

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

Employer/Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

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

\*Academic Probation: If a student has a 70 or below in any subject, he/she is placed on academic probation. Early release privileges will be revoked until his/her grade has improved to a passing grade.

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# WBL Application Recommendation Form (Confidential)

**Student Name** \_\_\_\_\_ **Teacher Name** \_\_\_\_\_

*The above student is applying to be a part of the Youth Apprenticeship Program. Please complete the recommendation form and return to the Youth Apprenticeship Coordinator.*

The following checklist is provided for those who know the student well enough to give us an accurate assessment of her/him. We hope that it will provide a convenient method to describe the candidate in summary fashion.

Attribute	Excellent	Above Average	Average	Below Average	Unable to Determine
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to give reasons for any of your ratings, please do so here. We find an explanation for the significance of ratings to be very helpful.

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Please feel free to make other comments that will indicate your estimation of this student's qualifications for this program.

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Please check one:

- \_\_\_ I recommend that the above student be accepted into the Youth Apprenticeship Program.  
 \_\_\_ I do not recommend that the above student be accepted into the Youth Apprenticeship Program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to give reasons for any of your ratings, please do so here. We find an explanation for the significance of ratings to be very helpful.

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Please feel free to make other comments that will indicate your estimation of this student's qualifications for this program.

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Please check one:

- \_\_\_ I recommend that the above student be accepted into the Youth Apprenticeship Program.  
 \_\_\_ I do not recommend that the above student be accepted into the Youth Apprenticeship Program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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