

Trinity High School

Training/Internship Agreement

Co-op Coordinators/Transition Coordinator

Trinity High School
 231 Park Ave
 Washington, PA
 Phone: 724-223-2000
 Email: zzebrasky@trinityhillers.net

School: _____ Program Start Date: _____
 Student: _____ Email: _____
 Address: _____ Home Phone: _____
 City, State, Zip: _____ Emergency Phone: _____
 Date of Birth: _____ Career/Program: _____

A Vocational Training Program/Internship/Volunteer has been established between T ASD, the company listed herein, and the above named student.

Employer Responsibilities:

1. The student will not displace a regular worker who is presently employed.
2. The training program/business will complete and return the evaluation form to school.
3. The training program/business will comply with all child labor laws.
4. The training program/business will notify the school coordinator if the student’s performance becomes unsatisfactory.

Responsibilities of the student and parents:

1. The student agrees to perform the work assigned by the training program/business in a professional manner.
2. The student agrees to report any job problems to the training program/business and school coordinator.
3. The student agrees to comply with all school and work attendance policies.
4. The student will follow the school instructions if unable to work or attend the program.
5. The school will help secure a method of reliable transportation, including walking using sidewalks within a reasonable distance.

Responsibilities of the school:

1. The program is under direct supervision of a school coordinator.
2. The coordinator or a designee should make a minimum of one site visit per student per marking period.

We, the undersigned, agree to the conditions and statements contained in this agreement:

Site Contact Person: _____
 Site Name: _____ Telephone: _____
 Address: _____ Cell Phone: _____
 City, State, Zip: _____ Fax: _____
 Supervisor: _____ Type of training program/business: _____
 Employer email address: _____
 Equipment Student Operates: _____ Work Schedule: _____
 Non-Paid Training/Internship Contact’s Signature: _____
 Student’s Signature: _____
 Parent(s)/Guardian Signature: _____
 CTE Instructor Signature: _____
 T ASD Transition Coordinator: _____ Co-op Coordinator (required): _____