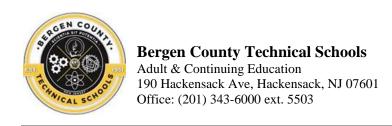
Work Based Activity (WBA) Internship Contract

Student Information: Name: ______ Phone: _____ Address: Email: _____ Training Area (Circle one): HVAC Electrical Plumbing/Heating BAM Start Date: _____ End Date: ____ Days of Attendance (ex. Mon-Thurs): _______ to ______ to _____ Student's goal for WBA is: _____ The following conditions are an abstract to participate in a WBA sponsored by this institution and in accordance with the accreditation oversight of the Commission on Occupational Education (COE) WBA Guidelines are as follows: 1. Provide personal transportation to and from the WBA business/agency 2. Maintain satisfactory academic standing as outlines in the Student Handbook 3. Maintain regular attendance protocols as outlined in the Student Handbook 4. Notify this institution and business/agency of absent/tardiness on the day(s) of the WBA 5. Follow and advance the CTE objectives as outlined in the WBA Plan developed by this institution 6. Abide by all policies and procedures of the WBA business/agency site 7. Demonstrate honesty, courtesy, and professionalism at the WBA business or agency 8. No promise of future or permanent employment at the business/agency I am placed

Student Signature: _____ Date:



Insurance Statement

The Bergen County Technical Schools (BCTS) Adult & Continuing Education Full-Time Day Program is the holder of an accident insurance policy for student coverage at WBAs. The policy provides secondary coverage for excess medical benefits beyond the student's primary (personal) health insurance. Bergen County Technical Schools makes no assurances or representations regarding the applicability to interns of the participating employer's worker's compensation and liability insurance coverages, and recommends that any questions regarding such coverage be referred to the employer's insurance representative.

WBA Employer/Business/Agency:			
WBA Business/Agency Name:			
Mento	or/Owner:		
Phone	#: Email:		
Address City, State, Zip:			
U	ollowing conditions are an abstract to participate as a WBA sponsor, partnering with this titution to provide authentic work experiences for students in their CTE area of study		
The E	mployer/Business/Agency () agrees to:		
2. 3. 4. 5. 6. 7. 8.	Maintain an attendance/time card for the student intern		
Additi	onally, please provide, a range of Work Based Activities to be performed by the student:		

Signature: _____ Date: ____

The following conditions are an abstract that the BCTS Adult & Continuing Education Full-Time Day Program agrees to as a WBA sponsor, partnering with various businesses and agencies to provide work experiences for students in their CTE area of study

The Institution/Bergen County Technical Schools, Adult & Continuing Education agrees to:

- 1. Provide worksites, which have been inspected for safety and appropriateness
- 2. Create a WBA Plan for each student placed at such work experiences
- 3. Supervise and visit all students at least once during their WBA experience
- 4. Place eligible students in WBA experiences directly related to their program of study
- 5. Implement any specialized student training requested by the business/agency
- 6. Provide any appropriate student data, documentation, or information to the business/agency, necessary to place such student at a WBA experience

Signature:	Date:	
(Institutional Administrator/Designee)		
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Signature:	Date:	
(Institutional WBA Coordinator/Designee)		