



Bergen County Technical Schools
Adult & Continuing Education
190 Hackensack Ave, Hackensack, NJ 07601
Office: (201) 343-6000 ext. 5503

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*): _____ Hours: _____ 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: _____



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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: _____

Mentor/Owner: _____

Phone #: _____ Email: _____

Address City, State, Zip: _____

The following conditions are an abstract to participate as a WBA sponsor, partnering with this institution to provide authentic work experiences for students in their CTE area of study

The Employer/Business/Agency (_____) agrees to:

1. Provide a safe, secure, and supervised place of employment for all students interns
2. Adhere to all federal, state, and local laws governing such WBA experiences
3. Provide any specialized or mandated training for all student intern
4. Implement the WBA Student Plan (will be sent via email)
5. Maintain an attendance/time card for the student intern
6. Complete an employee evaluation of the student at the conclusion of their WBA experience
7. No promise/guarantee of future or permanent employment
8. Allow occasional supervision and worksite visitation of student by an official/designee of the institution
9. Participate once annually in an Occupational or Institutional Advisory Board meeting

Additionally, please provide, a range of Work Based Activities to be performed by the student:

Signature: _____ Date: _____



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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)

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