

**REGIONAL OCCUPATIONAL PROGRAM  
STUDENT INTERNSHIP TRAINING AGREEMENT**



Please print or type the information below

**STUDENT NAME** \_\_\_\_\_ **CLASS** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **LOCATION** \_\_\_\_\_  
**TELEPHONE** \_\_\_\_\_ **SCHOOL YEAR** \_\_\_\_\_

**Paid Internship**

**Non-Paid Internship**

This training agreement outlines the responsibility of all parties involved in the Student Internship Program of the Contra Costa Regional Occupational Program (ROP). It is not a legal contract and may be terminated, for cause, at any time by the parties involved. In compliance with federal law, the ROP does not discriminate on the basis of race, religion, national origin, sex, or disability.

**SCHOOL RESPONSIBILITY**

**As a teacher/coordinator I agree to:**

1. Instruct the student regarding his/her dual responsibility to the industry sponsor manager and to the *Student Internship* program.
2. Coordinate the student's classroom instruction with his/her on the job training.
3. Visit the student's station, observe the student and consult with the industry sponsor concerning the work performance of the student.
4. As special employees of the County Superintendent, ROP students in unpaid internships are covered by the County Superintendent's workers' compensation benefits.

**Teacher/Coordinator Signature** \_\_\_\_\_

**STUDENT RESPONSIBILITY**

**As a student I agree to:**

1. Follow the program rules and regulations established by the school and the training station.
2. Obtain a work permit and a social security card if in a Paid Internship.
3. Notify the teacher/coordinator and the industry sponsor of problems that may affect job/training.
4. Maintain regular attendance, be punctual in school and on the job. Notify my teacher/coordinator before I am due at training station if illness or emergency prevents me from training.
5. Attend the regularly scheduled related instruction class.
6. Dress appropriately as determined by the industry sponsor.
7. Complete and hand in on time all forms required by the teacher/coordinator.
8. I understand that if I do not follow the rules and regulations established by the school and the training station, I may be removed from the training station.

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

**Phone** \_\_\_\_\_

**PARENT/GUARDIAN/ADULT STUDENT RESPONSIBILITY**

**As a parent/guardian/adult student I agree to:**

1. Permit enrollment in the program. Arrange transportation for student and accept liability if incurred. (Transportation for the program is the responsibility of the parent and the student or the adult student. The school will not authorize or be responsible for the mode of transportation used.)

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

**INDUSTRY SPONSOR RESPONSIBILITY**

**As an industry sponsor I agree to:**

1. Inform the student of company regulations and assigned duties.
2. Supervise the student in the job; assign job tasks and responsibilities to carry out student's training plan; and assist the student in learning those assigned job tasks and responsibilities.
3. Abide by state and federal laws/regulations pertaining to employment/training, and not discriminate on the basis of race, color, national origin, sex, or disability.
4. Provide workers' compensation coverage for students on Paid Internship.

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Phone Number**

**Industry Sponsor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Copies to: ROP Office    Employer    Teacher    Student