Locust Grove High School
Work-Based Learning "WBL"

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Georgia's Future Workforce

Locust Grove High School
Work-Based Learning Program
Employment Verification

Student Information

Student Name:	First: Last:	
School ID #:	Grade Level:	
Home Phone:		
Cell Phone:		Text: Yes No
Email Address:		

Job Information

Company Name:		
Mailing Address		
City, State, Zip		
Phone Number		
Supervisor's Name:	First: Last:	
Supervisor's Title:		
Supervisor's Business Email:		
Rate of Pay:	per	Hours per week:
Date Hired:		

Parent/Guardian Information:

Name:	First: Last:	
Email Address:		
Cell Phone Number		Text: Yes No
Relationship to Student		**Best time to call:**

Name:	First: Last:	
Email Address:		
Cell Phone Number		Text: Yes No
Relationship to Student		**Best time to call:**

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HENRY COUNTY SCHOOLS

Locust Grove High School
Meredith Beck, WBL Instructor
770 - 898 - 1452

Student Name: _____ Job Title: _____
Company Mentor: _____
Company Name: _____

CURRENT JOB TASK DESCRIPTIONS: **Please Print.** Ask your employer to sit down with you and together make a list of all the duties you will be expected to perform during this school year. This list should be comprehensive and specific. You should list at least 10 specific duties. Go over the list with your employer carefully so that you understand all that will be expected of you. Remember, this should be done at the convenience of your employer. It may take more than one session or your employer may want to take this form and complete at a time convenient for him or her.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Goals: Please list specific work goals that you will work toward this year. (Job related)

A. _____
B. _____
C. _____

D.

_____ _____ _____ _____
Student Signature Date Supervisor/Mentor Signature Date

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Locust Grove High School
Meredith Beck, WBL Instructor
770-898-1452

Henry County Work-Based Learning
Educational Training Agreement

For the Student:

_____

First Name Last Name

In accepting a work-based learning position, I will honor the following agreement:

1. To be at least 16 years of age and to have a Social Security number.
2. To assist the Work-Based Learning Instructional Leader in finding an appropriate employment position related to the career focus area of the program and the career objective of the student.
3. To provide transportation to and from work.
4. To represent the school and employer by demonstrating honesty, punctuality, courtesy, and a willingness to learn.
5. To complete an average of a minimum of work hours equivalent to school release hours during the school year 2025-2026 (7. 5 hours - 1 block / 15 hrs - 2 blocks / 22 . 5 hrs - 3 blocks).
6. To be a regular employee of . Lagree to learn and follow all company regulations.
7. To be evaluated by my employer and instructional leader a minimum of once per grading period.
8. To be responsible for providing any information as requested by the Work-Based Learning Instructional leader.
9. To keep my School Mentor and Work-Based Learning Instructional Leader informed of any serious physical, emotional, or social problems that might interfere with proper performance as a student learner.
10. Not terminate my work experience prior to the completion of this contract without the approval of the WBL instructional leader and | will follow all guidelines established by the Henry County Board of Education and my employer.
11. To attend school and work regularly and not go to work without first going to school, or go to school without going to work, unless previously discussed with the Work-Based Learning Instructional Leader.

_____ _____/_____/_____

Student Signature ` Date

For the Parent:

I will honor the following agreement:

1. To encourage my child to effectively carry out his/her duties and responsibilities at both the school and place of employment.
2. To assume responsibility for the safety and conduct of my child when traveling to and from work and on any day during school or work hours that he/she is not required to be on the job.
3. To make inquiries concerning my child's training, wages, or working conditions through the Work-Based Learning Instructional Leader rather than directly to the employer.
4. That my child must attend school and work regularly.

Youth Apprenticeship

WBL

Georgia's Future Workforce

5. To ensure that my child has reliable transportation in order to leave campus after his/her last scheduled class.
6. To share the responsibility for the conduct of my child while in the program.

_____ _____/_____/_____

Parent/Guardian Signature Date

For the Employer: _____

Company Name and Supervisor Name

In accepting work-based learning students, I will honor the following agreement:

1. To provide my youth apprentice/student learner, (Student Name)_____, With [at least] an equivalent of work hours to school release hours (or an average of those hours) under the mentorship of one of my employees or myself.
2. That the student is a regular employee of my company, and subject to all policies, labor laws, regulations, and minimum wage requirements as established by federal and state law.
3. To inform the student of the policies of (Company Name)_____, including our drug-free workplace policies.
4. To evaluate my student's performance, and I understand that forms may be sent to me via student, facsimile, U.S. mail, or personal visit, and should be returned to the Work-Based Learning Instructional Leader.
5. To give my student learners(s) a supervised, quality work experience commensurate with that offered an entry-level employee at our facility.
6. To provide time for consultation with the Work-Based Instructional Leader concerning the student and discuss progress and/or difficulties that may arise.
7. To inform the Work-Based Learning Instructional Leader before any disciplinary action is taken in regard to the employment of the student.
8. To retain all rights of dismissal.

_____ _____/_____/_____

Supervisor Signature Date

For the Work-Based Instructional Leader:

I will honor the following agreement:

1. To assist in the academic and occupational instruction of the student.
2. To conduct supervisory visits to the student's place of employment a minimum of twice each semester.
3. To render assistance with educational and training problems of the student.
4. To assist the training supervisor in an evaluation of the student's performance a minimum of once per grading period.
5. I agree to provide information to the student about employment skills and the job seeking process.
6. To maintain records pertinent to the school, the employer, and the school.

Meredith Beck _____/_____/_____

Work-Based Learning Instructional Leader Date

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Henry County Schools
Work-Based Learning Program
Early Release Agreement

Students Name: _____ DOB: _____ Age: _____

Student's Address: _____

_____

Student's Telephone Number: _____

Place of Employment: _____

Supervisor's Name: _____

Employer's Address: _____

_____

Student Responsibilities

- The above named Student will be released from Locust Grove High School each day at his/her scheduled release time. If the scheduled release time is prior to the end of the normal school day, the Student must immediately leave campus and report to his/her place of employment at the time designated by the employer. The Student must abide by all school rules while on School District premises and must abide by all Work-Based Learning (WBL) program rules while participating in the Work-Based Learning program.
- The Student must submit all required wage and hour reports on time to the WBL Coordinator. Failure to submit these wage and hour reports on time, more than once (consecutively or not) will result in the students' loss of privileges to leave campus during their WBL Block AND the student will not be allowed in the WBL program the following semester.
- It is a privilege to participate in the Work-Based Learning Program. The Student must adhere to the program guidelines as stated in the Henry County Work Based Learning Handbook.
- The Student has ten (10) minutes to leave the school campus after early release unless written permission has been granted from an administrator or the Student's WBL instructional leader.
- The Student may return to campus after early release only with prior approval from a teacher or administrator. Reasons for this prior approval include make-up work, pep rallies, or other school related functions. This return to campus must not conflict with the Student's employment schedule.
- The Student MUST follow the school checkout process DAILY in order to leave school campus at the approved release time. Failure to do so may result in disciplinary action. The Student must use all caution and care when driving to and from the work site.
- The Student must also follow the safety procedures as outlined at the Student's place of employment.

Meredith Beck, WBL Instructor
Locust Grove High School
770-898-1452
meredith.beck@henry.k12.ga.us

HENRY COUNTY SCHOOL DISTRICT
WORK BASED LEARNING SAFETY AGREEMENT

This Work-Based Learning Safety Agreement (hereinafter "Agreement") is made and entered into between the undersigned on the date shown below.

WHEREAS, the Henry County School District (hereinafter "School District") provides a work-based learning program (hereinafter "WBLP") to some of its students; and

WHEREAS, the undersigned employer (hereinafter "Employer") desires to employ the undersigned student (hereinafter "Student Employee");

NOW, THEREFORE, for and in consideration of the mutual covenants hereinafter stated, it is agreed as follows:

1. The Student Employee hereby certifies that he/she is presently enrolled in the WBLP of the School District and has completed the necessary safety training for employment with the Employer.
2. Employer hereby certifies to the Student Employee and the School District that all proper procedures related to the job requirements of the Student Employee have been shown and demonstrated to the Student Employee and that the Employer has given the Student Employee instructions on the proper methods in handling of emergency situations.
3. Student Employee hereby agrees to comply with the instructions given by Employer and acknowledges that failure to maintain safety procedures may result in personal injury to the Student Employee or others.
4. Employer and Student Employee hereby acknowledge that they have been advised as follows:

a. Federal Child Labor Laws prohibit student employees from performing jobs that are especially hazardous.

b. Student employees may perform all work except in seventeen (17) occupations considered to be hazardous to all persons under the age of 18.

c. The occupations referred to in subparagraph (b) above are as follows:

HO 1: Manufacturing and storing explosives.
HO 2: Motor-vehicle driving and outside helper, including driving motor vehicles or working as outside helpers on motor vehicles or driving as a part of any occupation.
HO 3: Coal mining.
HO 4: Logging and saw milling.
HO 5: Work using power-driven woodworking machines, including the use of saws on construction sites.
HO 6: Work involving exposure to radioactive substances.
HO 7: Work involving the operation of power-driven hoisting devices, including the use of forklifts, cranes, and non-automatic elevators.
HO 8: Work using power-driven metal forming, punching, and shearing machines (however, HO 8 permits the use of a large group of machine

Youth Apprenticeship

WBL

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tools used on metal, including lathes, turning machines, milling machines, grinding machines, boring machines, and planning machines).
HO 9: All mining other than coal mining, including work at gravel pits.
HO10: Work involving slaughtering or meatpacking, processing, or rendering, including the operation of power-driven meat slicers in retail stores.
HO11: Work involving the operation of power-driven bakery machines.
HO12: Work using power-driven paper-products machines, including the operation and loading of paper balers in grocery stores.
HO13: Work in the manufacturing of brick, tile, and kindred products.
HO14: Work involving the use of circular saws, bank saws and guillotine shears.
HO15: All work involving wrecking, demolition and ship-breaking.
HO16: All work in roofing operations.
HO17: All work in excavating, including work in a trench as a plumber.

5. Each of the undersigned parties agree to comply with the terms and conditions of this Agreement and if there is any violation of this Agreement by the Employer or Student Employee, notification shall be immediately given to the undersigned WBPL coordinator for the School District at the following address and telephone number.

This _____ day of _____, 20_____.

_____ _____/_____/_____

Student Signature **Date**

_____ _____/_____/_____

Employer's Signature **Date**

Meredith Beck _____ _____/_____/_____

WBL Instructor Signature Date

As parent/guardian of the above named Student, I accept responsibility for the conduct and safety of the Student during and after his/her release time as well as before, during and after his/her scheduled work time. I agree to provide safe transportation for the Student to participate in the Work-Based Learning program and grant approval for the Student to participate in the Work-Based Learning program. I understand and agree that the Henry County School District is not responsible for the safety of the Student while away from the school campus and participating in this Work-Based Learning program.

_____ _____/_____/_____

Parent/Guardian Signature Date

Youth Apprenticeship

WBL

Georgia's Future Workforce

Henry County School District
Medical Release and Proof of Insurance

The Henry County School District and any employer in the Work-Based Learning program has my permission to seek any medical care for my son/daughter _____, and release any medical information concerning my son/daughter at any time while he/she is enrolled in the Work-Learning program, in the event an emergency or other situation arises where a Henry County School District employee or agent or any Work-Based Learning employer believes that it is necessary or advisable to seek medical care or release medical information concerning my son/daughter.

Medical and Insurance Information

Family Physician _____ Phone # _____

List any allergies, medications, and/or special medical conditions pertaining to your child:

_____

_____

I further certify that my son/daughter is covered by sufficient medical insurance to participate in the Work-Based Learning program. School insurance is available to those students who do not already have medical coverage.

Will your child purchase the 24-hour school insurance? _____ YES _____ NO

- If NO, please complete the information below detailing your child's medical coverage:

Insurance Company:_____

Policy Number:_____

Group Number: _____

Other Insurance Information Needed: _____

_____ _____

Parent/Guardian Signature Date