

École HJ Cody High School

HJC ensures high levels of learning for all students.
Believe, Encourage, Challenge



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Off Campus Education Program Contract

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Part 1: Student Information

Name of Student _____ Date _____
Address: _____
Email _____ Cell# _____ Grade _____
Course Name _____ Hours Required _____ Credits _____

Part 2: Employer Information

Name of Employer (Company) _____
Name of Supervising Officer _____ Phone No: _____
Company Address _____
Email _____

Part 3: Off Campus Agreement

The Board of Education & Chinook's Edge School Division No. 73

Whereas: The Board has approved this program for students in its schools. The Employer and the Student have agreed to participate in the said Program on the terms and conditions herein set forth.

Witnesseth: PERIOD OF AGREEMENT

The student shall, from _____, 20__ to _____, 20__ faithfully, honestly and diligently serve the Employer and devote his or her whole time and attention to such employment.

HOURS OF WORK - The hours of this program of employment shall, at a minimum, align with the Employment Standards Regulation (Part 5, section 53). Where a student is required to work outside of the recommended maximums, additional health and safety parameters must be outlined in the work agreement using the addendum provided. The student's standard hours of work for this off-campus employment shall be _____ hours per week as follows:

TERMINATION - Notwithstanding anything contained to the contrary, any party hereto may terminate the agreement with prior notice to all parties concerned.

INSURANCE - The Board maintains insurance with respect to its liability in school programs.

SUPERVISION- During the hours of employment, the Student shall be under the direct supervision and control of the Employer, provided however, the Employer shall at times permit the board or its representatives access to the employment site and the Student.

DUTIES -The Student worker agrees to perform for the Employer the duties included in the job description as determined by the Employer and agreed to by the Board or its representative in consultation with the Student and the Parent or Guardian.

PROGRAM EVALUATION -The Employer shall at the request of the Board or its representatives, evaluate the Student in the performance of his/her duties hereunder, and report such evaluation on a form from time to time provided to the Employer by the Board's representative.

INDEMNIFICATION - In the consideration of the Board having arranged for this program hereinbefore described at the request of the undersigned Parent or Guardian, and by employment with the undersigned Employer, both the said Parent or Guardian and the Employer agree to well and sufficiently indemnify and save harmless the Board or any or all Demands, Actions, Proceedings, Liability, Claims, and Damages together with the costs and expenses thereof that hereafter at any time be brought, by or on behalf of the said Student with regard to any injury, loss, damage, expenses and/or costs sustained, or alleged to have been sustained by the said Student howsoever arising from this program.

WORKERS' COMPENSATION - Pursuant to the Worker's Compensation Act, and Regulations and Orders-in-Council made thereunder, the student participating in this program is deemed to be a worker of the Alberta Government for the purpose of Workers' Compensation. In the event of an incident or injury during non-school hours, please contact one of the following on-call supervisors listed at the top of this page. It is critical to process the necessary reports immediately. Please note that if an accident should occur, the accident does not go onto the employer WCB claim, rather, it will go onto Alberta Education's WCB claims.

WORK SITE - Legislative Requirement - Occupational Health & Safety

The work site/station shall be acceptable in accordance with the requirements of Alberta Provincial Legislation under the Alberta occupational Health and Safety Act, Regulation and Code and the Alberta Employment Standards Regulation and Code. If the work site is a federally regulated industry, then it shall be acceptable in accordance with the legislated requirements as set out by Federal Legislation - Canada Labour Code Part 11 - Occupational Health and Safety. The Employer shall advise the student as far as it is reasonably practicable to do so, on the attached Work Site Learning Plan, of existing and potential work site hazards and personal protective equipment required to be worn while on the job.

Signature of Employer

Signature of Student

Signature of Coordinator

Signature of Parent or Guardian
(Consent to Student Participation)

Copy to Employer and Student, Original to school

Student Workstation Orientation Assignment

- 1. What is the official business or company name?**

- 2. What services and/or products does the business or company provide?**

- 3. What is the first and last name of your direct supervisor?**

- 4. What is the name and telephone number of the person you should contact if you are going to be absent or late?**

- 5. What is the best way to leave a message?**

- 6. What is the dress code?**

- 7. Where do I park? (if applicable)**

- 8. What are some of the tasks that I may be doing?**
 - a) _____
 - b) _____
 - c) _____
 - d) _____

Student & Employer Work Safety Orientation

- 1. What are the dangers or safety aspects of my job?**
- 2. Are there any other hazards (noise, chemicals, radiation) that I should know about?**
- 3. Is there any protective equipment (PPE) I will be expected to wear?**
- 4. Will I need training to use any tools, equipment, vehicles and safety gear?**
- 5. Where are the fire extinguishers, First Aid kits and other emergency equipment located?**
- 6. Where is the mustering point (place to meet in case of evacuation)?**
- 7. What do I do if I get hurt?**
- 8. Who is the First Aid person?**
- 9. Will I be informed of, or trained in, emergency procedures?**
- 10. What are MY health and safety responsibilities?**
- 11. Who do I ask if I have a safety question?**

Supervisor

Student

Employer Training/Learning Plan

Name of Student _____

Enrolled in Work Experience: 25 35 Agriculture Internship _____
RAP _____ Credits _____ Hours Required _____

Name of Supervisor _____

Job Title & Description: _____

List of tasks, duties and responsibilities you anticipate the student will learn and perform: _____

Anticipated Learner Outcomes: (ie What new knowledge and/or skills will the student gain from this work experience?)

Work Site Hazards: _____

Safety Training: _____

Personal Protective Equipment: (if required) _____

Period of Agreement From: _____ to _____

Evaluation: The student's mark will be determined based on the job performance evaluation(s) completed by the employer.

Student Signature

Employer/Supervisor Signature