

Express WBL Agreement

Internship

Apprenticeship

Intern/apprentice name_____

Address_____ Phone_____

Email_____ Birthdate_____

Guardian name and contact information for interns under 18 years old

Address_____

Mobile Phone_____ Email_____

Office

Signature approving student to apply for an internship with Express WBL

_____ Date_____

School and CareerTech program name_____

Enrollment date - month/year_____ Estimate hours in the program to date_____

Graduation/expected graduation - month/year_____

Instructor name_____

Internship/apprenticeship occupation title/description

For interns under 18:

Is the occupation identified by USDOL as hazardous occupation for employees under 18?

Yes No

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Does the occupation qualify for CTE or apprenticeship exception?

Yes No

School POC _____ Phone _____

Email _____

Signature _____ Date _____

Express POC _____ Phone _____

Email _____

Signature _____ Date _____

Worksite employer POC _____ Phone _____

Email _____

Signature _____ Date _____

Internship is time based Competency based

Number of hours for worksite portion of WBL _____

*Required for time based - optional for competency based

Competencies to be mastered/targeted experiences during WBL

1. _____

2. _____

3. _____

4. _____

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5. _____

Prerequisites required/completed prior to internship:

Minimum safety instruction - description

Minimum hours completed in program prior _____

Minimum/required technical mastery prior

Minimum /required employability skills

Minimum age _____

Drivers license Yes No

Class A Class B Class C Class D

Transportation plan - description of how intern will get to work and back

Technology requirements - types of device - types of apps - other

Tool requirements

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Student signature_____Date_____

Guardian signature_____Date_____

School signature_____Date_____

Express signature_____Date_____

Worksite signature_____Date_____