



# CO-OP TRAINING AGREEMENT

## CLARK COLLEGE COOPERATIVE EDUCATION

1933 Fort Vancouver Way, Vancouver, WA 98663-3598  
Career Services (360) 992-2902

### Student Information

Student Name	Student Job Title	
Address	Program Major	Completion Date
City	State	Zip
Home Phone		Student Email

**Workers Compensation Insurance Covered By: Employer** **Job Status: Wage \$\_\_\_\_/Hr**

*College and Training Site will be responsible for the negligent acts or omissions of its own employees, officers or agents in the performance of this agreement. Neither will be considered the agent of the other and neither assumes any responsibility to the other for the consequences or any act or omission of any person, firm, or corporation not a party to this agreement.*

### Employer/Supervisor Information

Company/Agency Name	Supervisor Name	
Address	Supervisor Email	
City	State	Zip
Title		
Total Co-op hours to be worked per week	Phone	Extension

### Learning Objectives/Activities

**Purpose:** The Learning Objectives/Activities listed here will describe the tasks the student is assigned to learn during this term's work related experience. On an appointment basis, a college representative may visit the work supervisor and student to discuss the student's progress.

1. \_\_\_\_\_  
How Measured \_\_\_\_\_
2. \_\_\_\_\_  
How Measured \_\_\_\_\_
3. \_\_\_\_\_  
How Measured \_\_\_\_\_
4. \_\_\_\_\_  
How Measured \_\_\_\_\_
5. \_\_\_\_\_  
How Measured \_\_\_\_\_

**Instructor's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

We are an Equal Opportunity Employer. I agree to work with the above student and the college representative while the student is completing the Cooperative Education objectives specified. This student has not displaced a pre-existing employee.

**Student's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that I will receive Cooperative Education credit upon completion of the work experience requirements in accordance with school policy. I will keep my Co-op coordinator and/or instructor informed of my work activities and consult with them prior to changing my work status.

**Affirmation Action/Equal Opportunity Institution**      **Distribution: Instructor, Employer, Student, Co-op Office**