CO-OP TRAINING AGREEMENT

CLARK COLLEGE COOPERATIVE EDUCATION
1933 Fort Vancouver Way, Vancouver, WA 98663-3598
Co-op Coordinator (360) 992-2391

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**

★ INSTRUCTOR - WHEN SIGNED, PLEASE FORWARD THIS TRAINING AGREEMENT TO CAROLYN JOHNSON @ PUB 002