



This establishes an agreement between the Buffalo City School District (BPS) and Business:

Business Name:

Mentor Name:

Address (Street, City, State and Zip Code):

Business Phone Number:

Mentor Phone Number:

Mentor E-Mail Address:

In relation to the work-based learning experience for:

Student Name:

900#:

Address (Street, City, State and Zip Code):

Student Email:

Date of Birth:

School:

CTE Program:

RESPONSIBILITIES:

The business & mentor agree that they will:

1. Abide by all federal state and or local mandated safety procedures/protocols for business as related to CDC Guidelines.
2. Comply fully with **ALL** applicable New York State and Federal labor laws, including workers compensation laws and those specific to prohibited occupations, as well as with New York State Education Department laws and regulations.
3. Ensure a student will not replace any paid employee (in the case of a non-paid work experience).
4. Advise the student of all company rules, regulations, safety and policies which relate to the work experience.
5. Ensure the student is always supervised by an authorized supervisor/mentor.
6. Complete an accident report form and notify the director or a supervisor in the CTE Department (716-816-3700 or rpharris@buffaloschools.org) along with student's parent/guardian in the event of an accident.
7. Inform the work-based learning coordinator when the student is not performing adequately. This agreement may be terminated at any time, however, the work-based learning coordinator requests consultation with the business beforehand.
8. Initial, daily, the *Daily Log/Attendance Report* and sign bottom at end of work experience.
9. Complete the provided student evaluation at the end of the work experience and e-mail or mail to the work-based learning coordinator.
10. Ensure that students will be accepted to jobs and otherwise treated without regard to sex, race, color, national origin, or handicap.
11. Carry Workers Compensation.



BUFFALO PUBLIC SCHOOLS CAREER & TECHNICAL EDUCATION

MEMORANDUM OF AGREEMENT

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Student agrees that they will:

1. Demonstrate a conscientious attitude and be honest, punctual, cooperative, courteous and willing to learn while at the place of business.
2. Abide by all federal state and or local mandated safety procedures/protocols for business as related to CDC Guidelines.
3. Be supervised by a certified Coordinator of Work-Based Learning for Career Development.
4. Abide by all regulations set forth by participating business, as well as the Buffalo Public Schools' Code of Conduct. Failure to do so can cause immediate removal from the site or the participating business (i.e., dress code, safety, attendance, and behavior).
5. Act and behave appropriately according to the expectations of the company as a representative of the Buffalo City School District in the community.
6. Attend the work site daily, as per schedule. The student must inform the business/mentor and the school's their classroom teacher of all unexpected absences or tardiness from the worksite during the off-campus experience.
7. Keep an accurate daily journal, according to criteria developed by the Work-Based Learning Coordinator and have the *Daily Log/Attendance Report* initialed for each scheduled day by your site supervisor
8. Be evaluated during the program and must maintain satisfactory standards of performance to continue in the experience.
9. Provide their own transportation to and from the business and/or home and school. The CTE Department and the work site are in no way responsible any incidents or accidents which may occur while the student is on route to or from the business.
10. The student will not change or terminate the work-based learning experience without first consulting Work-Based Learning Coordinator and mentor.

Parents/Guardians agree that they will:

1. I hereby consent for my child/legal ward to participate in the Work-Experience Program, which includes participating in work-based activities in and out of school. This may also include doing paid and unpaid jobs in the community.
2. I give consent for my child to be discharged from school during the school day or earlier than the normal class dismissal time.
3. I understand that my son/daughter may be walking, taking public transportation or traveling by other means to these locations without the supervision of a teacher or the Work-Based Learning Coordinator.
4. I hereby agree to assume any and all risk and liability for losses or damages to property and for damages, injuries or demise of my son/daughter which may arise in connection with travel to or participation in activities, programs or functions sponsored by the Buffalo City School District or its affiliates, and hereby, for my son/daughter and for myself and our heirs, executors, administrators, successors, and assigns do release and discharge the Buffalo City School District and each of its affiliates, Board Members, officers, directors, agents, employees, representatives, assigns and volunteers, from any and all claims, actions, suits, demands, damages, losses, judgments, payments, awards, and other liabilities arising from or relating to travel to or participation in the Work-Experience Program.
5. I will assist in promoting the value of the student's work experience by cooperating with the employer and the Work-Based Learning Coordinator when needed.

The Buffalo Public School District does not discriminate on the basis of an individual's actual or perceived race, color, religion, religious practice, national origin, ethnic group, sex (including sexual harassment and sexual violence), gender identity, sexual orientation, political affiliation, age, marital status, military status, veteran status, disability, weight or any other basis prohibited by New York state and/or federal non-discrimination laws in its programs and activities.

Inquiries regarding the district's non-discrimination policies should be directed to:
Jamie Warren, Associate Superintendent of Human Resources, Civil Rights Compliance Officer
Buffalo Public School District 727 City Hall
65 Niagara Square
Buffalo, NY 14202
(716) 816-3579

Email: HRCompliance@buffaloschools.org



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Type of WBL Experience: CO-OP Paid CO-OP Unpaid CEIP GEWEP WECEP Other

Start Date: _____

End Date: _____

We, the undersigned, have reviewed and agree to the terms and conditions set forth herein.

This Agreement is not in effect until signed by all parties. This Agreement may be terminated at any time by any party upon notice to the other parties.

Please sign below (Signatures must be completed in order):

1. Student Signature: _____ Cell Phone #: _____

2. Parent/Guardian Name: _____ Cell Phone #: _____

Parent/Guardian Signature: _____

3. Mentor Signature: _____

4. CTE Instructor Name: _____

CTE Instructor Signature: _____

5. WBL Coordinator Name: _____

WBL Coordinator Signature: _____

6. School Administrator Name: _____

School Administrator Signature: _____