

Must Return Before Working

McKenzie Hall – MKH 210
 6500 SW Pacific Boulevard Albany, OR 97321
 (541) 917-4787
 E-mail: cwe@linnbenton.edu



Linn-Benton
 Community College

Term: Year _____
 ___ Fall ___ Winter
 ___ Spring ___ Summer

COOPERATIVE WORK EXPERIENCE AGREEMENT

(All requested information is required. Please print clearly.)

Student Name _____	Student ID Number _____	Major _____
Mailing Address _____	City _____	Zip _____
Cell Phone _____	Home Phone _____	E-mail Address (Required) _____

CWE Training Site (Company/Agency Name) _____	Supervisor at Training Site (First & Last Name) _____
CWE Training Site Address _____	City _____ Zip _____ Supervisor's Phone _____
Fax Number _____	Supervisor's E-mail Address _____
Paid: <input type="checkbox"/> Yes (Wage per hour: _____) <input type="checkbox"/> No	Training Begins: _____ Training Ends: _____
Student CWE Job Title/Description: _____	

CWE :	CWE Seminar:	Worker's Comp paid by:
CWE Course # _____	Seminar Course # _____	___ Employer
CWE CRN # _____	Seminar CRN # _____	___ LBCC-CWE*
CWE Credits _____	Seminar Credit _____	___ Work-Study Program*
Clock hour Required _____		___ Other
1 credit = 30 hours _____	CWE Coordinator _____	___ No coverage

Student:

I agree to work as shown above to receive CWE credit. I will keep the CWE Coordinator informed of any change in my work or school status. In compliance with the Federal Family Education Rights and Privacy Act of 1974, I authorize release of school records and other records maintained by the Cooperative Work Experience Office and personnel in connection with the Cooperative Work Experience program. It is understood that such information will be discussed only with potential employers or faculty, and that such persons will be enjoined from releasing this information to any third party. I understand I may request disability accommodations for CWE from LBCC Disability Services. I acknowledge information regarding Student Rights & Responsibilities was provided by LBCC and reviewed by student. If student has questions or concerns, they will contact the CWE office at (541) 917-4787. http://bit.ly/Student_Right_To_Know.

Employer:

This student will receive credit for satisfactory completion of the above CWE course. This is not intended to be a binding employment agreement. If any difficulty should arise, I will contact the coordinator and try to resolve the issue. It is the employer's responsibility to comply with all State and Federal employment, health and safety regulations. I hereby assure that there will be no discrimination or harassment on the grounds of age, disability, national origin, race, marital status, sexual orientation, parental status, religion or gender. I will coordinate with LBCC to accommodate disclosed disabilities.

LBCC:

The college will provide a CWE Coordinator to perform a site visit and assist the employer in solving any problems relating to the student's work experience. The college will also assist the employer in planning meaningful experiences for the student, if needed. **If the student is participating in a non-paid work experience, LBCC will provide Workers Compensation Insurance coverage work-related injury only.** Registered Health Occupations and Business Technology/Medical Assistant students are covered by the college's professional liability insurance policy. LBCC prohibits unlawful discrimination based on race, color, religion, ethnicity, use of native language, national origin, sex, sexual orientation, marital status, disability, veteran status, age, or any other status protected under applicable federal, state, or local laws. (For further information <http://po.linnbenton.edu/BPsandARs/>) LBCC is an equal opportunity educator and employer.

The above parties mutually agree to hold each other (including their officers, employees and agents including volunteers, and students) harmless against any and all claims, demands, damages, liabilities and costs incurred by the other party, arising out of, or in connection with, either directly or indirectly, the performance of any service, or any other act or omission by or under the direction of the other party, their officers, agents, employees, and students. Except as otherwise limited by Oregon Law, neither party hereto shall be liable for defending or for the expense of defending the other party, its officers, employees, agents including volunteers, or students against any claims, legal action, dispute resolution or administrative or regulatory proceeding arising out of or related to such party's actions or omissions under this agreement. Neither party hereto shall be liable for any liability of the other party, its officers, employees, agents including volunteers, or students, whether resulting from judgment, settlement, award, fine or otherwise, which arises out of such other party's actions or omissions under this agreement.

If an injury occurs while on the job, a Workers Comp Form 801 must be completed within five days.

LBCC does not guarantee the qualifications of students, nor conduct background checks on referrals. It is the employer's responsibility to complete background checks, and conduct a thorough screening process.

 Employer/Supervisor Signature (Date) CWE Faculty Coordinator Signature (Date) Student Signature (Date)