

# Work Based Learning Program Application

2014-2015

School Year

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Career Pathway:** \_\_\_\_\_

Based on your current Career Pathway, what Career Cluster are you most interested in learning more about?

(Refer to cover sheet if needed)

What specific career are you interested in pursuing or learning more about through this program?

Prerequisites 4 Credits of introductory / advanced courses related to student's above pathway:  
(List the courses you have taken / received credit that meet the above requirement)

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

If you have a suggestion regarding your placement for the WBL program, please indicate below.  
\*\*Please note– suggestions are considered– not guaranteed. The ultimate goal is to ensure students further explore their career interest and prepare for the future.

Listed below are expectations for students in the WBL Program. Initial each one to indicate your acceptance of the guidelines.

\_\_\_\_\_ I understand that while in WBL program, I must continue to follow all rules outlined in the HHS handbook.

\_\_\_\_\_ I understand that I must continue to follow the dress code while on site for the WBL program.

\_\_\_\_\_ I understand that I must be punctual and follow attendance guidelines while also signing in and out of the office each time I leave or return to the building.

\_\_\_\_\_ I understand that while taking part in the WBL program, I may come into contact with confidential information. It is my responsibility to treat all confidential information with the proper respect and follow all rules and regulations.

\_\_\_\_\_ I understand that I will be expected to maintain the required forms, checklists, journals or anything else required by the HHS program mentor / supervisor. I also understand that I will be required to take a final exam (essay).

\_\_\_\_\_ I understand that I am responsible for transportation to and from my WLB site.

\_\_\_\_\_ I understand that I may be removed from the WBL program at any time for failure to follow rules and policies or failure to fulfill assigned duties.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_