

WBACTC CAPSTONE CO-OP PROGRAM

STUDENT APPLICATION PACKET

WILKES BARRE AREA CAREER AND TECHNICAL CENTER

Mr. David Vnuk, Capstone Co-op Coordinator

Phone: 570-822-4131 Ext. 113

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...: Public Notice of Non-Discrimination ...

The Wilkes Barre Area Career and Technical Center does not discriminate on the basis of race, color, national origin, sex, disability or age in its program or activities and provides equal access to the Boy Scouts and other designated Youth Groups. For information on services, activities and/or accessibility, contact: Support Programs Coordinator Title IX and Section 504 Coordinator, (570)822-4131, Wilkes Barre Area Career and Technical Center, 350 Jumper Road, Wilkes-Barre, Pa. 18705-0699.

School Website: www.wbactc.org

Equal Opportunity Employer (EOE)

WBACTC – CAPSTONE CO-OP CHECKLIST

Wilkes-Barre Area Career and Technology Center
350 Jumper Road
Wilkes-Barre, PA. 18705

David Vnuk, Capstone Co-Op Coordinator
Phone: (570) 822-4131 ext: 113

Student: _____ Grade: _____ Date of Birth: _____ Age: _____

Home School: _____ Program Area: _____

Student Phone #: _____ Student Email: _____

Parent/Guardian: _____ Parent/Guardian Phone #: _____

Employer/Job: _____ Manager: _____ Phone #: _____

All Capstone co-op students must meet with Mr. Vnuk (Capstone Co-op Coordinator) at least 45 minutes per week or 90 minutes every other week to discuss job problems, copy of pay stub/check, documents of hours, meet their program Instructor, and other related information.

- Copy of Driver's License - - - - - _____
- Copy of Working Papers/Work Permit (If under 18) - - - - - _____
- Medical Form/Pick up Consent Form - - - - - _____
- Transportation Agreement - - - - - _____
- Publicity and Photo Release Form - - - - - _____
- Training Agreement - - - - - _____
- Training Plan - - - - - _____
- Capstone Co-op Guidelines - - - - - _____
- Background/Clearance (If under 18) - - - - - _____
- PSP ___ PA Child Abuse ___ FBI Fingerprint _____

WILKES-BARRE AREA CAREER & TECHNICAL CENTER

TRAINING AGREEMENT FOR COOPERATIVE EDUCATION

350 Jumper Road, P O Box 1699
Wilkes-Barre, PA 18705-0699

Mr. David Vnuk
(Capstone Co-Op Coordinator)

Phone: 570.822.4131 Ext: 113
FAX: 570.823.4304

Student Name _____ Phone (Cell) _____
 Address _____ City/Town _____ Zip Code _____
 Home School _____ Grade _____ CTC Course/Shop _____
 Date of Birth _____ Age _____ Work Permit # (If under 18) _____

Employer (Co. Name) _____ Supervisor's Name _____
 Address _____ City/Town _____ Zip Code # _____
 Phone # _____
 Worker's Compensation Insurance Co/Agent _____ Policy # _____

Approx Number of Work Hours per week _____ Employment Date (Start) _____ (End) _____ Hourly Wage _____

Career Objective: (On File- Guidance)

EMPLOYER/TRAINING RESPONSIBILITIES:

The Employer/Training site will adhere to all State and Federal regulations regarding safe working environment and conditions, employment, child labor laws, minimum wages and workers' compensation.

1. The student will be given a variety of work assignments and be supervised by an experienced person.
2. A periodic evaluation of job progress will be made by the training supervisor on a rating for provided by the school.
3. The training supervisor will arrange a conference with the coordinator when training arises.
4. Training sponsor will provide a necessary safety instruction throughout student training period.
5. Employer/training site will not employ a student-learner to displace a regular worker.
6. Exposure to hazardous work will be incidental to the student learner's training and not be part of the student learner's training program.
7. The employer is not liable to the unemployment compensation fund for wages paid to the student while under the training program. This is provided in Section 4 (1) (4) (10) (C) of the Pennsylvania Unemployment Compensation Law.
8. Background/Clearance (If student is under 18) PSP ___ PA Child Abuse ___ FBI Fingerprint

STUDENT-LEARNER RESPONSIBILITIES:

1. The student learner agrees to perform the assigned duties in a loyal manner and work to the best interest of all concerned.
2. The student learner agrees to report job problems to the training supervisor and cooperative education coordinator.
3. The student learner will adhere to company policy; employment may be terminated for the same reasons as a regular employee.
4. The student learner must be regular in attendance at school and on the job. If unable to report to work the student learner will notify the employer and cooperative education coordinator before the start of the normal work day.
5. The student learner's employment will be terminated upon withdrawal from school.
6. The student learner will report to school for designated meetings and related instruction.
7. The student learner will follow school rules at work and school sites. Violation of school policies will lead to disciplinary action, which may include termination from employment.

SCHOOL RESPONSIBILITIES:

1. The student learner will receive related instruction and safety instruction from occupational instructor or cooperative education coordinator prior to job placement.
2. The cooperative education coordinator will visit the student and training supervisor on a regular basis at the training site.
3. The cooperative education coordinator will investigate compatibility of job circumstances with requirements for student attainment of advanced standing in an apprenticeship program upon graduation from high school.
4. The school will maintain signed copies of written training agreement and plan for each student p The program is under the direct supervision of a certified cooperative education coordinator.
5. Participating in the program for three years from the date of enrollment in the program.
6. Student transportation, insurance and attendance at the school and work will be covered by school policy.

This memorandum is for the purpose of outlining the agreement between the school and employer on the conditions of training to be given a student while on the job. We, the undersigned agree to the conditions and statements in this agreement.

Student Learner _____ Date _____

Employer _____ Date _____

Parent _____ Date _____

Cooperative Education Coordinator _____ Date _____

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WILKES-BARRE AREA CAREER AND TECHNICAL CENTER

TRAINING PLAN FOR COOPERATIVE EDUCATION

350 Jumper Road, P O Box 1699
Wilkes-Barre, PA 18705-0699

Mr. David Vnuk
(Capstone Co-op Coordinator)

Phone: 570.822.4131 Ext: 113
FAX: 570.823.4304

Student learner _____ Phone _____ E-Mail _____
Training Agency _____ Phone _____ E-Mail _____
Training Supervisor _____ Phone _____ E-Mail _____
Parent/Guardian _____ Phone _____ E-Mail _____

Signatures: Cooperative Education Coordinator _____ Date _____
Training Supervisor _____ Date _____
Student _____ Date _____
Parent/Guardian _____ Date _____

Educational Program:

Program Title _____
Classification of instructional Program (CIP) _____
Student learner's Career Objective _____ On File- Guidance _____

TRAINING ACTIVITIES

SAFETY is JOB #1: The Student Learner will receive adequate and ongoing safety instruction relevant to the Training Station. This will include general and specific safety instruction as it applies to the work environment, job duties and equipment. Proper safety dress code will be enforced at all times and may include, but not limited to foot, eye, head, ear, skin protection, ...

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Equal Opportunity Education Institution * Institución Igualdad de oportunidades de educación *

TRANSPORTATION AGREEMENT FOR COOPERATIVE EDUCATION

Wilkes-Barre Area Career & Technical Center

350 Jumper Road, PO Box 1699
Wilkes Barre, PA. 18702

Mr. David Vnuk, Capstone Co-Op Coordinator

Phone: 570-822-4131 Ext. 113 Fax: 570-823-4304

I _____ understand that transportation to and from work is my responsibility. Neither my home school, WBACTC, my employer, manager, and teacher coordinator will be responsible to provide such transportation nor are they liable in the event of an accident during transportation.

I also understand that it is my responsibility to report to work even if I have transportation problems or other problems arise with my means of transportation or ability to get to work.

Should I have trouble getting to work, it is my duty to report such problems to my company or place of employment and to my Coordinator at Wilkes-Barre Area Career & Technical Center.

Explain means of
transportation: _____

If driving please list the following information:

Driver's License Full Name & Address:

Driver's License # _____

X _____
Students Signature

X _____
Parents/Guardian Signature

Wilkes-Barre Area Career & Technical Center Publicity and Photo Release for Cooperative Education

350 Jumper Road PO BOX 1699
Wilkes-Barre, PA 18705-0699

David Vnuk, Capstone Co-op Coordinator
Phone: (570) 822-4131 Ext. 113
Fax: (570) 823-4304

Date: _____

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Student's Name (Print)

x _____
Student's Signature

Parent/Guardian Name (print)

x _____
Parent/Guardian Signature

Cooperative Education Important Guidelines

1. **ILLNESS:** If sick call your employer first, then contact Mr. Vnuk. Everyone needs to be on the same page for attendance.
2. **DOCUMENTATION:** Wage and Hour time Reports. Take some time each day to complete fill in the wage and hour report. A good time to do this may be in the parking lot at work before you leave each day.
3. **DRIVING:** Have a discussion with your parents about driving in bad weather. Most employers do not have delays or snow days. Your health safety and wellbeing come first above all things. Please talk with your employer in advance, if your parents do not want you to drive under certain weather conditions. It is better that they know in advance if this were to become an issue. Never use electronic devices while driving. If something happens at work that does not seem right, do not hesitate to talk to your parents and inform Mr. Vnuk as soon as possible.
4. **FOLLOW COMPANY POLICIES:** Ask your employer if they have an employee handbook? Employers almost always have an orientation and employee handbook for new workers. Make sure that you read the handbook carefully and follow all of the procedures explained to you. If you have a question ask. If they do not have a handbook ask if they could provide you with some written guidelines so that you are both on the same page in terms of their expectations of you.
5. **WORK SCHEDULE:** I need your work schedule, especially if it changes frequently. I need to have a copy or you can meet me in my office to give me the days and hours you will be working.
6. **NOCTI TESTING:** Co-op students must prepare for and take the NOCTI test, which has two components, Written and Hands-on/Practical. **There are no makeup days for the Hand-on test NOCTI test.** As NOCTI testing gets closer, your instructor may need to see you more often. There is some flexibility for Co-op students taking the COMPUTER test, NOT THE "PRACTICAL" hands on test. Co-op Students need to continue checking with Mr. Vnuk and your instructor.
7. **CO-OP at WBACTC: Co-op is a privilege and the expectations are high.** Students can easily forget that they are still enrolled and earning credit for their program of study at the Career Center. Make sure that you are periodically checking in with your instructor and Mr. Vnuk. I need to be updated at all times especially of there is a job loss or change in employment. You cannot start a job until I give you the green light to go. You also cannot change jobs or start a new job without my knowledge or permission. I need to know and approve every step or changes you are making throughout this entire co-op process. Your Capstone co-op coordinator has the right to terminate any student/employer involved in co-op who are not following the guidelines.

Co-op students need to attend the Wilkes Barre Area Career Center at least one day every two weeks to document your hours, give me copies of your pay stubs, general discussions about your job, meet your teacher, etc. If you have a question or problem ask Mr. Vnuk. It may be easier for students to plan to attend the same day every two weeks. **I am here in the building all day on Wednesday, so that would be the best day to check in.** (You can attend on other days, but I may be on the road doing job evaluations and other related co-op duties.)

Set reminders in your phone calendar. If your employer needs you during visit day because there is a sudden increase in work load or another employee is sick and they are counting on you, please let me know and I will work with you. I need to know this as soon as possible, even if this happens suddenly on a scheduled visit day.

Steps to a Great Cooperative Education Experience

- Communicate.
- Be Honest
- Show up to work every day a couple of minutes early.
- Learn from your mistakes.
- Ask Questions.
- If you are asked to do something that you know is not a safe work practice that puts your health and safety at risk, or goes against everything you have been taught about safety, talk to your supervisor immediately and explain your concerns. If for some unlikely reason, they insist you do what they asked, contact Mr. Vnuk.

Wilkes-Barre Area Career & Technical Center Capstone Co-op Guidelines Acknowledgement Form

Your signature below will signify that the student/parent has viewed and read the guidelines required to be a part of the Capstone Cooperative Education Program.

Student's Name (Print): _____

Student's Signature: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____