

**CAREER SERVICE LEARNING (C.S.L.)
Student-Business-Parent Agreement**

Name: _____ Home Phone: _____

Home Address: _____ Zip Code: _____

Business/Site Name: _____

Business Address: _____ Zip Code: _____

Business Contact Name: _____ Title: _____

Business Phone: _____ Career Path: _____

Basic Responsibilities: _____

I, the above student, have elected to complete my Career Service Learning (C.S.L.) at the above site/or with the above professional. I agree to abide by the regulations/policies of this site/professional and Bay High School and to provide to the best of my ability the tasks specified in this agreement. I agree to call the site/professional in advance if I am detained for any reason. ***Failure to do so may result in termination of this agreement.***

Student Signature Date

This site/professional agrees to accept the services of the student as specified and to provide meaningful learning opportunities for this student. In exchange for this student's volunteer hours, this site/professional agrees to mentor, supervise and evaluate the student. We will not expect the student to participate in activities that would be considered unsafe for the age and experience of the student. This is to acknowledge that we ____ do ____ do not (check one) provide general liability insurance protecting the student when he/she is involved in this C.S.L. experience.

Site/Professional signature Date

I, the parent/legal guardian of the above student, approve his/her participation with this site/professional and agree to lend support and encouragement to my child in the career experience he/she will gain from this site/professional we have chosen. I accept responsibility for my child's transportation to and from this site/career experience.

Parent/Guardian Signature Date

MEDICAL AND MEDIA RELEASE INFORMATION

If the parent/guardian is unavailable, please notify the emergency contact person below:

Name: _____ Phone: _____

The student has my permission to be transported and treated by any doctor assigned by the career site/professional in an emergency or accident. My signature also implies permission for my student to be photographed or videotaped and for these photos and/or videos to be used for public release including, but not limited to, the school's website and/or newsletter.

Parent Signature Date

Please return this form to Gayle Moore, Academy Coordinator, at B.H.S. by Thursday, November 15, 2007.