OREGON DEPARTMENT OF FISH AND WILDLIFE POLICY
Human Resources Division

<table>
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<tr>
<th>Title:</th>
<th>School-to-Work</th>
<th>HR_440_13</th>
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<tbody>
<tr>
<td>Supersedes:</td>
<td>HR_440_13, dated April 16, 2007</td>
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<tr>
<td>Applicability:</td>
<td>All Employees, Students, and Educators</td>
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<tr>
<td>Reference:</td>
<td>State Policy 40.025.05, 20.005.20</td>
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<td>Effective Date:</td>
<td>July 16, 2007</td>
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I. PURPOSE

The department is committed to establish a work-based learning program that is mutually beneficial to department employees, students, and educators.

II. DEFINITIONS

Work-based learning is a series of structured learning activities that integrate work site experiences with academic learning and include the following types of assignments:

A. Site Visit: One to three hour tour of the workplace;

B. Job Shadow: Three to six hours of a mentor relationship where a student observes daily activities, interviews employees at the workplace, and has hands-on experience;

C. Structured Work Experience: 54 hours minimum, not to exceed 18 weeks on-the-job mentoring relationship that is linked to the classroom by curriculum and which includes a training agreement with written learning objectives (paid or unpaid);

D. Internship: Three to 18 weeks or a mentoring relationship that is a structured project linked to the classroom training agreement with written learning objectives and which culminates in a product or presentation (paid or unpaid);

E. Structured Student Employment: Pre-existing student job with a mentoring relationship that integrates work site experiences with academic learning and career and must be organized to ensure that work-based learning is meaningful; and

F. Apprenticeship: Two to six years in a (paid) mentoring relationship that is supervised, structured to include classroom technical instruction or related training (must be a training agreement between sponsor and apprentice).

III. POLICY

The Department of Fish and Wildlife, as an employer, recognizes the importance of enhancing work-based learning opportunities through creating and maintaining relationships with public and private schools that promote an effective and efficient workforce through a School-to-Work (STW); Career-Related Learning Program.
A. Agency Development

1. The department will develop an agency plan which promotes participation in and support of work-based learning activities for students and educators and allows employees the flexibility to participate.

2. The department plan will establish an agency coordinator who will:
   a. Consider the business needs of the department while creating safe, professional, and meaningful work experience opportunities for student participants.
   b. Apply the STW program as consistently as possible throughout the department while ensuring that ODFW operational needs, as well as applicable safety and security standards are complied with at all times.
   c. Provide orientation and training for all department employees as is pertinent to their level of participation in the department’s STW program.
   d. Allow involved employees to maintain reasonable flexibility to participate in appropriate activities as necessary to properly maintain the STW program without hindering the secure and orderly operation of the employees’ functional unit.
   e. Provide orientation and training for school counselors or other educators in order to promote the department as an employer.
   f. Match the participant with the appropriate position according to their interests and with an appropriate guide/escort/mentor with the knowledge of that position.
   g. Ensure that the STW program is consistent with and ties to applicable State Program Measures.
   h. Provide opportunities for leadership and professional development for ODFW employees who create successful work-based learning environments for students, educators, and others.

B. Qualified students interested in participating in a career related learning opportunity with ODFW should complete the ODFW Student Application/Referral Form (Attachment A). If the application is accepted and a placement is scheduled, the student will need his/her parents to complete the Authorization for Emergency Medical Care (Attachment B) prior to the assignment. If the placement is not a school-sanctioned work-based learning experience, the parents must also complete the Release from Liability form (Attachment C).

IV. POLICY CLARIFICATION

A. All visiting students participating in the STW program must have current and adequate liability coverage.

1. Participating schools in the School-to-Work: Career-Related Learning Program must have liability/injury protection insurance coverage provided for their students.
B. Student participants paid by ODFW will have “Temporary Employee Status” unless hired into an authorized budgeted student worker position.

C. All work-based learning experiences shall be terminated at the discretion of the mentor, if inappropriate behavior occurs.

Attachment A  ODFW Student Application/Referral Form
Attachment B  Authorization for Emergency Medical Care
Attachment C  Release from Liability form
Oregon Department of Fish and Wildlife

School-to-Work: Career-Related Learning Program

Student Application/Referral Form

Please check the appropriate career-related learning opportunity request:

- **Site Visit:** Involves Groups of no more than 10; grade 9; one to three hours; tour of the workplace.
- **Job Shadow:** One-on-one; Grades 10+; three to six hours; mentor relationships; observe daily activities; interview employees at the workplace; hands-on activity.
- **Structured Work Experience (Cooperative Work Exp):** Ages 16+, school year; linked to the classroom by curriculum; training agreement with written earning objectives; paid experience.
- **Internship:** Third and fourth year college students; up to six month; mentor relationship; structured project linked to the classroom; training agreement with written earning objectives; project culminates in a product or presentation; paid experience.

*For CWE and Interns, please complete the Education and Work History sections of the application materials. Your application may be reviewed, along with other candidates. If ODFW determines that it has an interest in your skills, abilities and availability, you may be asked to participate in a competitive interview process.*

**STUDENT SECTION** – also, please read and complete **STUDENT EXPECTATIONS SECTION**

Student Name ___________________________ Date ___________________________
Grade Level __________ Gender _______ Social Security # ___________________________
School Name ___________________________ School Contact Name ___________________________
Ethnicity _______________________________ Primary Language ___________________________
Special Needs ____________________________

**Focused Area of Study – Indicate Primary and Secondary:**


Please provide a preferred date and time for Job Shadow or Site Visit placement. Please allow 2 weeks advance notice to set up Job Shadow or Site Visit placement.

**STUDENT EXPECTATIONS**

- Notify your work-site host if you are ill or unable to keep your appointment.
- Dress appropriately for the work environment (if you are unsure of what is appropriate, please ask your Host, the ODFW School-to-Work Coordinator, or teacher).
- Make appropriate arrangements with your parents and school for your absence.
- Complete an evaluation and/or written summary of what you learned about your career interests, the agency, and skills required for today's workforce.

_I have read and understand the above expectations._

Student Signature ___________________________ Date ___________________________
**EDUCATION AND TRAINING**
(Please list high school, college, military, trades, or other training related to this assignment)

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Location:</td>
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<tr>
<td>Dates:</td>
</tr>
<tr>
<td>Courses Taken:</td>
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**WORK EXPERIENCE**

<table>
<thead>
<tr>
<th>Dates:</th>
<th>Position Held:</th>
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<tbody>
<tr>
<td>Employer:</td>
<td>Address:</td>
</tr>
<tr>
<td>Supervisor's Name:</td>
<td>Supervisor Phone #:</td>
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<tr>
<td>Duties:</td>
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**PARENT/GUARDIAN SECTION**
To be completed if this request is independent of a school program.

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime Phone Number</td>
<td>Fax Number</td>
</tr>
<tr>
<td>E-mail</td>
<td>The Best Time to Contact</td>
</tr>
</tbody>
</table>

__________ Date __________

Parent/Guardian Signature of Approval for Student Work-Based Learning Placement

**SCHOOL PARTNER CONTACT SECTION**

<table>
<thead>
<tr>
<th>School Partner Contact Name</th>
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<tbody>
<tr>
<td>Mailing Address</td>
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<tr>
<td>Daytime Phone Number</td>
</tr>
<tr>
<td>E-mail</td>
</tr>
<tr>
<td>Is credit offered? _____ Partial Credit _____ Elective Credit _____ Course Requirement _____ Other _____</td>
</tr>
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</table>

School Contact Signature

**WORKERS’ COMPENSATION SECTION** (to be completed by the School or Employer)

- □ Workers’ Compensation Form Completed

- When this is a paid placement, the responsibility for providing this coverage is the EMPLOYERS’.
- When this is an unpaid placement, the responsibility is the SCHOOLS’ if this is a part of a school-sanctioned work-based learning experience.
- If this placement is paid or unpaid, but not a school-sanctioned work-based learning experience, the responsibility for coverage is the EMPLOYERS’.
EMPLOYEE/EMPLOYER SECTION Please complete and return to the Agency School-to-Work Coordinator.

Name of Agency Employee ___________________________ Phone Number ___________________________

E-mail Address ___________________________________ Date of the Activity _______________________

Completed:  □ Evaluation of Student completed and returned to the student or school
            □ Employee Follow-Up Survey of the experience completed and returned to the agency Coordinator

Agency Name and Address ________________________________________________________________

____________________________________________________________________________________

Agency School-to-Work Coordinator Name ________________________________________________

Phone Number ___________________________ Fax Number ___________________________
AUTHORIZATION FOR EMERGENCY MEDICAL CARE

READ CAREFULLY

I, ____________________________, as the parent or legal guardian hereby grant permission for
____________________________ to attend/participate in a career related learning experience at the Oregon Department
of Fish and Wildlife. In the event of an emergency, accident or illness, I authorize the Oregon Department of Fish and
Wildlife and it's agent(s) to administer emergency medical care to my child and/or if deemed necessary, to secure
emergency medical services and incur expenses for which I will be responsible for payment.

My signature below hereby represents that I have read, understand, and consent to this agreement.

____________________________  ________________
Signature of Participant        Date

____________________________  ________________
Signature of Parent/Legal Guardian  Date
(if participant is under 18 years of age)
RELEASE FROM LIABILITY

READ CAREFULLY

I, ____________________________, as the parent or legal guardian hereby grant permission for ____________________________ to attend/participate in a career related learning experience at the Oregon Department of Fish and Wildlife. In the event of an emergency, accident or illness, I authorize the Oregon Department of Fish and Wildlife and its agent(s) to administer emergency medical care to my child and/or if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment.

I understand and agree that the department will give priority to its official duties and the safety of its employees prior to my child’s safety and interest. I have been made aware and I understand that, by my child participating in this program, s/he may be exposed to possible danger of damage to his/her property and/or possible injury. S/He may see places, people, or things that s/he may find emotionally upsetting. Despite my knowledge of the risks involved, I nevertheless knowingly and voluntarily assume any and all risk associated with my child’s participation in this program.

In exchange for permission to participate in this program, I hereby release and hold harmless the State of Oregon and its agencies, officers, employees, and agents from any or all actions, claims or demands whatsoever that my arise out of my child’s participation in this program. I tender this release and hold harmless agreement to forever bind myself as well as my estate, personal representatives, guardians, conservators, parents, heirs, executors, administrators, or assigns. I hereby agree to the terms and conditions set forth above for this program.

My signature below hereby represents that I have read, understand, and consent to the terms, conditions, and release from liability pertaining to the ODFW’s School-to-Work Program.

Signature of Participant

Date

Signature of Parent/Legal Guardian

Date

(if participant is under 18 years of age)