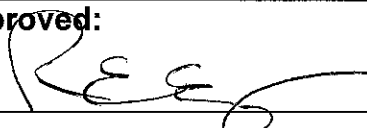




OREGON DEPARTMENT OF FISH AND WILDLIFE POLICY

Human Resources Division

Title:	School-to-Work	HR_440_13
Supersedes:	HR_440_13, dated April 16, 2007	
Applicability:	All Employees, Students, and Educators	
Reference:	State Policy 40.025.05, 20.005.20	
Effective Date:	July 16, 2007	Approved: 

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)

Name: _____

Location: _____

Dates: _____

Courses Taken: _____

WORK EXPERIENCE

Dates: _____

Position Held: _____

Employer: _____

Address: _____

Supervisor's Name: _____

Supervisor Phone #: _____

Duties: _____

PARENT/GUARDIAN SECTION - To be completed if this request is independent of a school program.

Parent/Guardian Name _____

Mailing Address _____

Daytime Phone Number _____

Fax Number _____

E-mail _____

The Best Time to Contact _____

Date _____

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

SCHOOL PARTNER CONTACT SECTION

School Partner Contact Name _____

Mailing Address _____

Daytime Phone Number _____

Fax Number _____

E-mail _____

The Best Time to Contact _____

Is credit offered? ___ Partial Credit ___ Elective Credit ___ Course Requirement ___ Other ___

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 _____

