

IVROP Use Only:	
☐ Off-Campus	
☐ Transportation	
□ Placement	

IMPERIAL VALLEY REGIONAL OCCUPATIONAL PROGRAM STUDENT PLACEMENT TRAINING AGREEMENT

Student's Name:	Class/School:
Address:	Placement Site:
Home/Cell Phone:	School Year:
Email:	Home High School:

Imperial Valley Regional Occupational Program ("IVROP") offers a variety of work-based learning experiences.

This Student Placement Training Agreement outlines the responsibilities of all parties involved in IVROP's placement of students at Community Training Sites. Community Training Sites may involve placement at private and/or public sector work sites (the "Placement Site").

So that students can enjoy the most educational benefit from their time and experiences at their Placement Site, it is important that each student understand the IVROP's Placement Training Program's requirements and the expectations of IVROP and associated IVROP staff, the Placement Site and the Placement Site supervisor in all aspects including leaving campus, transportation and confidentiality.

In compliance with California State and federal law, the IVROP does not discriminate on the basis of disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes set forth in Section 422.55 of the Penal Code.

I. IVROP'S RESPONSIBILITIES

IVROP will provide the following to each student participating in IVROP's Student Placement Training Program:

- Instruction to the student about his or her responsibilities both to IVROP and to the student's supervisor at the Placement Site. The student's roles and responsibilities will be explained both by an IVROP employee (Guidance Technician and/or instructor) and the student's Placement Site supervisor.
- Alignment of the student's training at the Placement Site with his or her career interests, by ensuring that actual business and industry practices are simulated in training situations.
- Collaboration between IVROP staff and the student's Placement Site supervisor concerning the work performance and attendance of the student.
- Workers' compensation coverage for the student, as a volunteer worker, in case the student is injured while participating in career technical education training at his or her Placement Site.
- Appropriate comprehensive general liability insurance covering bodily injury and property damage, for IVROP students participating in unpaid career technical education at a Placement Site.

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II. THE STUDENT'S PARENT / GUARDIAN'S RESPONSIBILITIES

I am the legal parent or guardian of my minor son/daughter and I hereby authorize my student to participate in IVROP career technical education training at his or her Placement Site. I consent that my minor son or daughter can leave his or her school campus during scheduled hours (some scheduled hours may also be after school hours) to attend career technical education training at his or her Placement Site. I understand and acknowledge that the IVROP (and the JPA district school site, is not responsible for the method of or the safety of any and all transportation used by my minor student to get to and from the Placement Site. I understand that it is my responsibility to arrange transportation for my student to attend training at his or her Placement Site. I acknowledge that the IVROP does not maintain automobile or any other liability insurance applicable to my student's transportation to and from the Placement Site. I HEREBY VOLUNTARILY ASSUME THE RISK that my minor student may be injured or become ill in the course of his/her participation in the IVROP Student Placement Training Program. I HEREBY RELEASE AND DISCHARGE the IVROP (and the JPA District, ______) and its officers and employees FROM ANY AND ALL LIABILITY WHATSOEVER, which may arise out of or in connection with his/her participation, as I have requested. I understand that this RELEASE and DISCHARGE will prevent me, the minor student and any other person from suing the IVROP (and the ______) or any of its officers or employees for any reason whatsoever in connection with his/her participation in the IVROP Student Placement Training Program, including but not limited to, the conduct of the IVROP's officers or employees. I HEREBY WAIVE ANY RIGHT TO SUE THE IVROP (and the JPA District, ____ and any of its officers or employees in connection with any such injury or illness that may occur. I understand that I waive, release and discharge any claim or cause of action I have, or the minor student may have, currently or in the future for any injury, accident, illness or death occurring during, by reason of or in the course of the IVROP Student Placement Training Program. This waiver, release and discharge is intended to discharge in advance the IVROP (and the) and its officers and employees from any and all liability for injury, accident, illness or death arising out of or in any way connected with the IVROP Student Placement Training Program. III. CONFIDENTIALITY During the course or training, the student may have access to information that is confidential and may not be disclosed except as permitted by the site's policies and procedures or as required by law. 1) The student is obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable laws, policies and procedures. 2) The student is obligated to continue their confidentiality indefinitely, including after their association with any training/placement that has ended. 3) Failure to comply with the confidentiality obligation may results in disciplinary action and may be removed from the placement site. 4) If the student has any questions concerning the confidentiality or disclosure of information, student must contact the human resources department of the site, the site supervisor, and/or the teacher/staff. Signatures: Parent/Guardian Signature _____ Printed Name _____ Telephone ____ Date ____ Student Signature ______ Date_____ IVROP Superintendent or Designee Signature ______ Date______

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