

This agreement outlines the work to be performed by the participant during the Work Experience (WEX). It is to be completed by the Worksite Liaison, the Worksite Supervisor and the participant.

PARTICIPANT CONTACT INFORMATION

NAME	MOBILE PHONE
EMAIL	HOME PHONE
EMERGENCY CONTACT	EMERGENCY PHONE

WORKSITE LIAISON CONTACT INFORMATION

NAME	AGENCY
EMAIL	MOBILE PHONE

WORK SCHEDULE: *Any changes must be discussed with Worksite Liaison.*

AUTHORIZED START DATE		AUTHORIZED COMPLETION DATE		TOTAL # WEEKS		
HOURLY WAGE		MAX HOURS PER WEEK	40	MAX TOTAL HOURS PER PARTICIPANT	160	
DAILY WORK SCHEDULE (Start Time to Quitting Time)						
MON	TUE	WED	THU	FRI	SAT	SUN
UNPAID LUNCH	UNPAID LUNCH	UNPAID LUNCH	UNPAID LUNCH	UNPAID LUNCH	UNPAID LUNCH	UNPAID LUNCH

WORKSITE CONTACT INFORMATION

COMPANY NAME	COMPANY PHONE	
COMPANY ADDRESS		
WORKSITE SUPERVISOR	WORKSITE SUPERVISOR EMAIL	WORKSITE SUPERVISOR PHONE
BACKUP SUPERVISOR	BACKUP SUPERVISOR EMAIL	BACKUP SUPERVISOR PHONE

WORK EXPERIENCE TRAINING OUTLINE

POSITION TITLE
LIST THE MAJOR DUTIES OF THE POSITION
1.
2.
3.
4.
SPECIAL UNIFORMS, TOOLS & EQUIPMENT
SPECIAL RESTRICTIONS/CONDITIONS

Additional special restrictions include compliance with employment laws, no contact with hazardous materials including exposure to human waste or body fluids, no lobbying or political activities and no required participation in religious activities.

LEARNING OBJECTIVES FOR THIS EXPERIENCE: Check those that apply.

<p>PROFESSIONAL BEHAVIOR</p> <ul style="list-style-type: none"> <input type="checkbox"/> To further develop my communication skills – listening attentively, speaking clearly, presenting information professionally, write with correct spelling and grammar, using work-appropriate verbal and non-verbal language and communicating effectively using technology tools and digital/social media. <input type="checkbox"/> To improve my understanding of general employer expectations, rules and guidelines with respect to professional conduct including attendance, time management skills, professional dress and ethical behavior so that I can feel more confident in pursuing my career goals. <input type="checkbox"/> To improve my personal time management skills to assure tasks are given the necessary time/effort and are completed on time. <input type="checkbox"/> To further my understanding of the services and products provided by the organization as well as their mission and values so that I am able to perform my position duties accordingly. <input type="checkbox"/> To develop my adaptability skills so that I feel more confident with new experiences and handling unexpected situations and setbacks. <input type="checkbox"/> To improve my ability to accept and use feedback as well as take initiative to constantly work toward developing my professional goals. <input type="checkbox"/> To improve my problem-solving skills by learning to assess situations, identify and test possible solutions, asking questions and seeking support so that I am able to address problems as they arise. <input type="checkbox"/> To improve my collaboration skills by learning different ways to contribute to the workplace environment, offer help and ideas and relate positively with my co-workers. 	<p>COMPUTING SKILLS</p> <ul style="list-style-type: none"> <input type="checkbox"/> To improve my understanding of, and familiarity with, commonly used office software such as MS Office Suite, email, etc. <input type="checkbox"/> To further my understanding of the uses of following software: <hr/> <p>ACADEMIC SKILLS (Identify at least 1 skill.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Literacy Skills (reading and writing) <input type="checkbox"/> Numeracy Skills <hr/> <p>WORKPLACE SKILLS (Identify at least 2 skills.) <i>Please customize if the skill you'd like to improve is not listed here.</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Habitat Restoration</td> <td><input type="checkbox"/> Equipment Operation</td> </tr> <tr> <td><input type="checkbox"/> Project Management</td> <td><input type="checkbox"/> Research Analysis</td> </tr> <tr> <td><input type="checkbox"/> Multiline Phone System</td> <td><input type="checkbox"/> Numerical Analysis</td> </tr> <tr> <td><input type="checkbox"/> Admin Skills (<i>filing, copying, mail</i>)</td> <td><input type="checkbox"/> Collect/Organize Information</td> </tr> <tr> <td><input type="checkbox"/> Customer Service Skills</td> <td><input type="checkbox"/> Teaching/Instructing</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Habitat Restoration	<input type="checkbox"/> Equipment Operation	<input type="checkbox"/> Project Management	<input type="checkbox"/> Research Analysis	<input type="checkbox"/> Multiline Phone System	<input type="checkbox"/> Numerical Analysis	<input type="checkbox"/> Admin Skills (<i>filing, copying, mail</i>)	<input type="checkbox"/> Collect/Organize Information	<input type="checkbox"/> Customer Service Skills	<input type="checkbox"/> Teaching/Instructing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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THE PARTICIPANT AGREES TO ACCEPT THE FOLLOWING RESPONSIBILITIES:

1. Maintain 90% attendance.
2. Report to the Worksite at the agreed upon time each day.
3. Communicate to Worksite Supervisor and Worksite Liaison at least one hour prior to scheduled start time if absent.
4. Work no more than the maximum allowable hours.
5. Accurately report hours worked on timecard and submit as per provided payment schedule.
6. Participate in check-ins and evaluations required by the Worksite Liaison and Worksite Supervisor.
7. Report any changes that may affect commitment to work experience to Worksite Liaison.
8. Report all job injuries to Worksite Supervisor and Worksite Liaison immediately.

COVID-19 ESSENTIAL INFORMATION

The novel coronavirus ("COVID-19") is a contagious disease that has been declared a public health emergency. Although some individuals with COVID-19 may never become symptomatic or may not show symptoms for a period of time, COVID-19 can be life-threatening. Health experts are still learning how COVID-19 is spread from infected persons to others, though believe that transmission may occur through the air, close personal contact, and contact with a surface that has the virus on it.

All youth are required to follow all Worksite COVID-19 safety rules at all times. In addition, even if not required by Worksite, youth are required to wear a cloth or disposable face covering at all times while at Worksite and to check your temperature every day before reporting to Worksite. If your temperature is 100.4 degrees Fahrenheit or higher, you must contact your supervisor and not report to Worksite until cleared to return to Worksite by your supervisor.

Worksystems is not responsible for creating, monitoring, or enforcing COVID-19 safety measures at your Worksite and cannot eliminate the risk that you may be exposed to or contract COVID-19 at your Worksite.

If you have any concerns about the COVID-19 safety measures at your Worksite, including about working on-site, you should promptly notify your supervisor. If you would like help communicating with the Worksite Supervisor or have concerns about your supervisor, you should contact the Worksite Liaison, who is available to assist you. Worksystems may also be contacted, as needed, to assist with questions and concerns. Contact SummerWorks Help at 503-478-7378 or help@summerworkspdx.org.

WORK EXPERIENCE TRAINING AGREEMENT CANCELLATIONS

Failure on the part of the undersigned parties to meet their obligations under this agreement may result in suspension or termination of the Agreement. All parties retain the right to terminate this agreement within 10 days of written notice. Agreement may be unilaterally terminated immediately due to lack of funding or violation of any applicable Federal, State, or Local laws or in cases where the Worksystems deems it necessary to protect the interests of the participant(s). Termination of this agreement for any cause shall be without prejudice to any obligation or liabilities of either party accrued prior to or because of such termination.

This Agreement will not be valid until the Worksite Supervisor returns a copy with a signature of approval and an authorized starting date.

PARTICIPANT SIGNATURE	DATE	WORKSITE LIAISON SIGNATURE	DATE
WORKSITE SUPERVISOR SIGNATURE	DATE		