

34962

AGREEMENT FOR STUDENT INTERNSHIP
EXPERIENCES

This AGREEMENT is made and entered into this 18th day of June, 2018, between the **LONG BEACH UNIFIED SCHOOL DISTRICT OF LOS ANGELES COUNTY**, hereinafter referred to as "DISTRICT" or "LBUSD", and, **CITY OF LONG BEACH MAYOR ROBERT GARCIA**, located at **333 W. OCEAN BLVD., 14TH FLOOR, LONG BEACH, CA 90802**, hereinafter referred to as "COMPANY", mutually agree as follows:

1. COMPANY shall provide a learning opportunity for selected high school students at no cost to the DISTRICT or students for the purpose of providing **Career Internship Experiences**. Students assigned under this AGREEMENT must be mutually agreed upon by both parties; however, COMPANY agrees that placement opportunities will comply with paragraph 11 herein.
2. This Agreement shall be in effect for the period from June 18, 2018 through June 18, 2021. This Agreement may be amended by mutual agreement of the parties and may be terminated by either party upon written notification received thirty (30) days prior to the date of termination.
3. The District contact person for this agreement is Anetta Leone, Linked Learning, Work-Based Learning Coordinator.
4. COMPANY shall provide and maintain safe, supervised and adequate workspace and provide all essential safety equipment and materials for the student to maximize the learning experience during their placement. Company shall prohibit any interpersonal, telephonic or electronic socializing with students off the Company premises or outside of the actual work experience.
5. Students participating in this internship program shall not displace any regular paid employee of COMPANY and further shall not be employed or compensated by COMPANY to perform tasks which are included as part of the program.
6. All DISTRICT students and staff who are participating in the program conducted pursuant to this Agreement shall be covered by DISTRICT's Workers' Compensation Insurance.
7. DISTRICT will maintain during the life of this Agreement public general liability and property damage insurance or self-insurance for not less than One Million Dollars (\$1,000,000) combined single limit for each occurrence. Such insurance shall be endorsed to COMPANY as additional insured as respects liability arising out of this AGREEMENT. Such coverage shall be obtained from a carrier rated A or better by AM Best or a qualified program of self-insurance
8. COMPANY will maintain during the life of this Agreement public general liability and property damage insurance for not less than One Million Dollars (\$1,000,000) combined single limit for each occurrence. Such insurance shall be endorsed to DISTRICT as additional insured as respects liability arising out of this AGREEMENT. Such coverage shall be obtained from a carrier rated A or better by AM Best.
9. Up to a maximum aggregate defense and indemnity cost of One Million Dollars (\$1,000,000) but in any event in an amount not to exceed what is covered by the insurance policy referenced in paragraph 7, the DISTRICT agrees to and does hereby indemnify and hold harmless the COMPANY, its officers, agents and employees from every liability, loss, damage or expense arising from the negligent acts or omissions of DISTRICT's officers, agents or employees. By way of limitation, the DISTRICT shall have no obligation to defend or indemnify the COMPANY from any claims made by students against the COMPANY.

10. Up to a maximum aggregate defense and indemnity cost of **One Million Dollars (\$1,000,000)** but in any event in an amount not to exceed what is covered by the insurance policy referenced in paragraph 8, the COMPANY agrees to and does hereby indemnify and hold harmless the DISTRICT its officers, agents and employees from every liability, loss, damage or expense arising from the negligent acts or omissions of COMPANY's officers, agents or employees.


11. COMPANY agrees not to discriminate on the basis of race, color, religion, sex, marital status, national origin, ancestry, familiar status, disability, sexual orientation, pregnancy or pregnancy related condition in its internship or employment practices. This policy of affording equal employment opportunities to all persons is in keeping with provisions of state and federal laws and regulations.


12. In accordance with Education Code Section 17604, this contract is not valid or an enforceable obligation against the DISTRICT until approved or ratified by motion of the governing board duly passed and adopted.

The undersigned hereby certify that they are authorized to bind their respective entities.

[COMPANY NAME]

LONG BEACH UNIFIED SCHOOL
DISTRICT OF LOS ANGELES COUNTY

By 

By 

Print Name Patrick H. West

Ron Hoppe

Title City Manager

Purchasing and Contracts

Date _____

Date 6/28/18

Telephone Number 562 570 6916

Email Patrick.West@longbeach.gov

APPROVED AS TO FORM

June 26, 20 18

CHARLES PARKIN, City Attorney

By 

GARY J. ANDERSON
PRINCIPAL DEPUTY CITY ATTORNEY

Blank Work Permit Application

Student ID# _____

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION

STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT-CERTIFICATE OF AGE

CDE Form B1-1 (Rev. 02-14)

A "STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT-CERTIFICATE OF AGE" form (CDE Form B1-1) shall be completed in accordance with California *Education Code* 49162 and 49163 as notification of intent to employ a minor. This form is also a Certificate of Age pursuant to California *Education Code* 49114.

(Print Information)

Minor's Information

Minor's Name (First and Last) _____ Home Phone _____ Grade _____

Home Address _____ City _____ Zip Code _____

Birth Date _____ Social Security Number _____ Age _____ Student's Signature _____
School Information

School Name _____ School Phone _____

School Address _____ City _____ Zip Code _____

To be filled in and signed by parent or legal guardian

This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that to the best of my knowledge and belief, the information herein is correct and true.

Parent's Name (Print First and Last) _____ Parent's Signature _____ Date _____

To be filled in and signed by employer

Business Name or Agency of Placement _____ Business Phone _____ Supervisor's Name _____

Business Address _____ City _____ Zip Code _____

Employer's Maximum Expected Work Hours: _____ hours per day _____ hours per week

Describe nature of work to be performed: _____

In compliance with California labor laws, this employee is covered by workers' compensation insurance. This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I hereby certify that, to the best of my knowledge, the information herein is correct and true.

Employer's Name (Print First and Last) _____ Employer's Signature _____ Date _____

For authorized work permit issuer use ONLY															
Maximum number of work hours when school is in session:								Maximum number of work hours when school is not in session:							
Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total
Proof of Minor's Age (Evidence Type) _____								Check Permit Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Restricted <input type="checkbox"/> General <input type="checkbox"/> Work Experience Education, Vocational Education, or Personal Attendant <input type="checkbox"/> Workability							
Verifying Authority's Name and Title (Print) _____															
Verifying Authority's Signature _____															

For more information about child labor laws, contact the U.S. Department of Labor at <http://www.dol.gov/>, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at <http://www.dir.ca.gov/DLSE/dlse.html>.

Blank Work Permit Application

Student ID# _____

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STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE

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(Print Information)

Minor's Information

Minor's Name <i>(First and Last)</i>	Home Phone	Grade
Home Address	City	Zip Code

School Information

Birth Date	Social Security Number	Age	Student's Signature
School Name	School Phone		
School Address	City	Zip Code	

To be filled in and signed by parent or legal guardian

This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that to the best of my knowledge and belief, the information herein is correct and true.

Parent's Name <i>(Print First and Last)</i>	Parent's Signature	Date
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To be filled in and signed by employer

Business Name or Agency of Placement	Business Phone	Supervisor's Name
Business Address	City	Zip Code

Employer's Maximum Expected Work Hours: _____ hours per day _____ hours per week

Describe nature of work to be performed: _____

In compliance with California labor laws, this employee is covered by workers' compensation insurance. This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I hereby certify that, to the best of my knowledge, the information herein is correct and true.

Employer's Name <i>(Print First and Last)</i>	Employer's Signature	Date
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For authorized work permit issuer use ONLY															
Maximum number of work hours when school is in session:							Maximum number of work hours when school is not in session:								
Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total
Proof of Minor's Age <i>(Evidence Type)</i>							Check Permit Type:								
Verifying Authority's Name and Title <i>(Print)</i>							<input type="checkbox"/> Full-time <input type="checkbox"/> Restricted <input type="checkbox"/> General <input type="checkbox"/> Work Experience <input type="checkbox"/> Education, Vocational Education, or Personal Attendant <input type="checkbox"/> Workability								
Verifying Authority's Signature															

For more information about child labor laws, contact the U.S. Department of Labor at <http://www.dol.gov/>, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at <http://www.dir.ca.gov/DLSE/dlse.html>.



INTERNSHIP AGREEMENT

LBUSD RESPONSIBILITIES

As an LBUSD representative in the Long Beach CaLL Summer Internship Program, I agree to:

1. Provide the students and the parent/guardian with the course syllabus and student's progress.
2. Develop and provide supplemental learning activities.
3. Coordinate related classroom instruction with the learning experience at the internship site.
4. Review course and workplace documents in order to assign a grade and grant credit.
5. Assist student in maximizing benefit from the internship experience.

LBUSD Representative Name (print) _____

Signature _____

Course Title _____

Date _____

STUDENT RESPONSIBILITIES

As a student in the Long Beach CaLL Summer Internship Program, I agree to:

1. Follow the program rules and regulations established by the LBUSD representative, Long Beach CaLL and the internship site.
2. Be honest, punctual, cooperative, courteous, willing to learn, and remain at the internship site for the duration of the internship.
3. Show proper health/grooming habits and appropriate dress at the internship site.
4. Maintain regular attendance at internship site and submit a Weekly Intern Timesheet, signed by me and my supervisor. Provide Long Beach CaLL with signed copies of the Weekly Intern Timesheet.
5. Arrange transportation to and from the internship site, keeping in mind commute time and making sure to arrive on time.
6. Notify internship supervisor, in advance, if I will be late, or if I will be absent due to an illness or an emergency.
7. Complete the number of hours per week assigned by my supervisor at the internship site.
8. Notify Long Beach CaLL within one day if I am released from the internship position.
9. If possible, consult with Long Beach CaLL before notifying my supervisor if I find it necessary to terminate my internship early.
10. Complete internship evaluation form and submit to Long Beach CaLL no later than one week after conclusion of internship.
11. Do my best to attend end-of-internship celebration.

Student Name (print) _____

Student Signature _____

Date _____

EMPLOYER RESPONSIBILITIES

As a representative of the Employer in the Long Beach CaLL Summer Internship Program, I agree to:

1. Conduct intern orientation at the workplace.
2. Inform the student of rules, regulations and duties expected of the student intern.
3. Provide the intern with adequate equipment, materials, accommodations and anything else he/she will need to succeed in the internship, including training in computer software, phone and office equipment use and/or customer service procedures.
4. Supervise the student intern and assist in improving the on-the-job performance of the student if necessary.
5. Plan an appropriate variety of internship tasks/responsibilities.
6. Refrain from assigning hazardous tasks to intern.
7. Abide by state and federal laws/regulations pertaining to employment.
8. Verify the hours the student works by signing the student's Weekly Intern Timesheet.
9. Complete student evaluation form and submit to Long Beach CaLL no later than one week after conclusion of internship.
10. If possible, inform Long Beach CaLL prior to terminating a student's internship.

Start Date: _____ Number of Internship Hours: _____

Employer Representative Name (print) _____

Signature: _____

Company Name _____

Phone _____

Email _____

Date _____

LONG BEACH CALL RESPONSIBILITIES

As a representative of Long Beach CaLL, the organization facilitating the Summer Internship Program, I agree to:

1. Ensure that adequate site supervision and support is available at the internship site.
2. Be available to meet with supervisors or students concerning problems or issues regarding the internship.
3. Make a mid-internship site visit to the student's internship site and consult with site supervisor regarding the student's performance.
4. Provide supervisors and students additional support that may be necessary to the success of the internship.
5. Provide supervisors and students with evaluation forms.
6. Maintain accurate and complete records for each student.

CaLL Representative Name (print) _____

Signature _____

Date _____