

**CAPE MAY COUNTY TECHNICAL HIGH SCHOOL
WORK BASED LEARNING BUSINESS/AGENCY AGREEMENT**

Student Name		Student ID#	Date of Birth
Student Address		City	Student Phone Number
Parent/Guardian Name		Emergency Phone Number	
Type of WBL Experience	<input type="checkbox"/> Hazardous CEE	<input type="checkbox"/> Non-Hazardous CEE	<input type="checkbox"/> Internship
<input type="checkbox"/> Simulated Workplace Experience	<input type="checkbox"/> School Based Enterprise	<input type="checkbox"/> Volunteering/Community Service	

Business/Agency		Business/Agency Tax ID#	
Business/Agency Supervisor		Worksite Mentor	
Worksite Address	City	State	Zip
Worksite Phone Number		Worksite Email Address	
Start Date	End Date	Start Time	End Time
Student Work Days	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		

Signature of WBL Coordinator	Print Name	Date
Signature of Worksite Supervisor	Print Name	Date
Signature of WBL Student	Print Name	Date
Signature of Parent/Guardian	Print Name	Date
Signature of School Administrator	Print Name	Date

For additional information regarding this student training plan or the work based learning program, please contact Cape May Technical High School's Work Based Learning & Cooperative Education Coordinator, John Longinetti, via telephone at (609) 380 - 0200 extension 267 or via email at jlonginetti@capemaytech.com