



Print name: _____

School/Program: _____

Academic Affairs Division

WORK EXPERIENCE PROGRAM APPLICATION

The Work Experience Program (WE) provides an opportunity for qualified students to receive relevant work experience related to their career and technical field of study and encourages individual growth and exploration within that field.

APPLICATION PROCESS:

- A. Students must be at least sixteen (16) years of age to start work.**
- B. The student must submit completed WE forms to their instructor:**
 1. Instructor Recommendation Form
 2. Job Readiness Rating Scale Form
 3. Parent Permission Form
 4. Attendance Verification Form
 5. Secondary Program Credit Form
 6. Unofficial transcript. Have satisfactory grades (2.0) in elective and academic classes.
 7. Résumé
- C. Completed application packet will be reviewed by the instructor and the Work Experience Coordinator:**
 1. Qualified students will be contacted by the Work Experience Coordinator to schedule an appointment to discuss training opportunities.
 2. Ineligible students will be informed by the Instructor or Work Experience Coordinator.

Instructor Recommendation Form

Work Experience Program Application

School: _____

Date: _____

Student's Name:	Grade:	Instructor:	Room:
Date of Birth:	Age:	Enrolled in GCC Program:	
Contact Number: (Cell)	Completed GCC courses:		
Contact Number: (Home or alternate)			
Email Address:	Do you have a current health certificate? Yes/No		
Mailing Address:	Home Address:		

I am interested in applying for the following work experience position(s):

1. _____ 2. _____ 3. _____

Which employer do you prefer to work for (list top 3)?:

1. _____ 2. _____ 3. _____

List your skills and personal qualities that support your training choice(s):

Instructor Use Only:

I recommend participation in the work experience program.
(Note: Student must be at least 16 years old to participate.)

I DO NOT recommend participation at this time for the following reason(s):

Instructor's Signature: _____

Date: _____

For Summer Work Experience Program applicants, please notate if you are going off-island and the dates of travel and when you can start work.

If you need to be placed together with another student due to ride situation, please specify who.

Job Readiness Rating Scale Form

Work Experience Program Application

NAME: _____ GRADE: _____ DATE: _____

INSTRUCTOR: Your experience with this student will help determine his/her educational plans. Please assign a number to the following traits as indicated:

(1) POOR (2) FAIR (3) GOOD (4) EXCELLENT

<i>PLEASE INITIAL THE RATING ON THE APPROPRIATE LINE</i>		CLASS PERIODS					
		1	2	3	4	5	6
ATTITUDE TOWARDS WORK	Work Interest, Enthusiasm, Willingness to work						
COOPERATION	Ability to get along with people in various capacities and situations						
INITIATIVE	Assertive, Resourceful, Willing to assume responsibilities						
QUALITY OF WORK	Accuracy and thoroughness						
QUANTITY OF WORK	Productivity, Amount of work accomplished						
PERSONAL GROWTH	Ability to accept positive and negative feedback						
ALERTNESS	Ability to learn, Retain, Use information methods and techniques						
SAFE WORK HABITS	Promote Safety and follow procedures						
APPEARANCE	Appropriate grooming and dress						
ATTENDANCE	Regular and punctual						
<i>Instructor's Initial</i>							

COURSE TITLE	PERIOD	COMMENTS
_____	1 st	_____
_____	2 nd	_____
_____	3 rd	_____
_____	4 th	_____
_____	5 th	_____
_____	6 th	_____

Parent Permission Form

Work Experience Program Application

Student: _____

Date: _____

Dear Parent/Guardian:

Your child has expressed an interest in participating in this year's work experience program and if selected becomes eligible to receive hands on training as an intern with a partner company in the community. Students enrolled under this program are provided the opportunity to train with an employer who will provide real life work and learning experiences. Students must be at least sixteen (16) years old to participate in the program.

Although it is a non-paid training students under this program are eligible to receive 0.5 (1/2) school credit toward graduation for each successfully completed 90 hours of work. A total of 180 hours worked would translate to 1.0 credit earned. To earn the credits students are graded by employer evaluations on their performance on the job and are required to turn in certain reports to the work experience coordinator.

Your child may need assistance in providing transportation to the work site. Your support is important because attendance at work is a large part of their overall evaluation and grade.

Ultimately, this program may also help your child secure a paid employment upon graduation.

Please check and complete the appropriate information below:

I grant permission for _____ to participate.

Name: _____ Signature: _____

Contact Number: (H) _____ (W) _____ (C) _____

Name(s) of individuals (other than me or my spouse) authorized to pick-up my child:

Attendance Verification Form
Work Experience Program Application

MEMORANDUM

TO: Work Experience Coordinator

FROM: Program Instructor or Attendance Officer

SUBJECT: Student Attendance Report

This is to verify that _____ has been
absent _____ days for (1) fall semester (2) spring semester (circle one)
_____ Excused _____ Unexcused.

Program Instructor or Attendance Officer

Date

Note: PowerSchool attendance print out not required – this form will suffice

Secondary Program Credit Form
Work Experience Program Application

Student Record Purposes

_____ , _____ enrolled in
Student Name Student School ID #

CT089 at _____ has applied to
Program Code/Title School

participate in the Guam Community College work experience program (CT089). Upon completion of the program requirements the student may earn a minimum of 0.5 (1/2) to a maximum of 1.5 elective credits per semester. The earned work experience credits will be counted:

- To meet graduation requirement(s).

- As transfer excess elective credit(s).

ACKNOWLEDGED:

Student Signature

Date: _____

WE Coordinator Signature

Date: _____

APPROVED:

Counselor's Signature

Date: _____



Date: _____

Name of Student: _____

School: _____

MEDIA RELEASE FORM FOR GCC HIGH SCHOOL STUDENTS

To Whom It May Concern:

I hereby authorize Guam Community College to use images, video and/or the voice of my minor son/daughter
_____ participating in GCC activities to help promote GCC through print, television, radio, web, video, presentation and other media.

NAME of Parent/Guardian: (Please print) _____

SIGNATURE of Parent/Guardian: _____

RELATIONSHIP to student: _____

**GUAM COMMUNITY COLLEGE
SATELLITE HIGH SCHOOL CAREER TECHNICAL EDUCATION SECONDARY
WORK EXPERIENCE AND TRAINING PROGRAM
TRAINING AGREEMENT**

NAME:	EMPLOYER:
MAILING ADDRESS:	SUPERVISOR:
DOB/ PHONE	TITLE:
GRADE/TRAINING PERIOD:	MAILING ADDRESS:
MAJOR/POSITION:	PHONE/FAX:

AGREEMENT

1. The student-learner agrees to abide by the employer's rules and regulations relating to safety practices, employee conduct, attendance, hours of work, and other matters within the scope of the normal employment contract. The student-learner further agrees to abide by the rules and regulations of the school concerning his/her employment as a student-learner.
2. The employer agrees to: (a) provide a minimum of 15-20 hours per week of paid/non-paid work experience related to the student-learner's vocational training subject; (b) provide close and direct supervision by a qualified and experienced person to the student-learner whenever he/she is involved in hazardous work; (c) assign the student-learner to hazardous work only when such work is essential to the training of the student-learner and only for a short period of time; (d) provide adequate safety instructions to the student-learner concerning the work and equipment with which the student will be engaged. The employer understands that he/she is obligated/not-obligated to compensate the student-learner/Intern the applicable minimum wage that is established by law.
3. The **Work Experience Coordinator** of the School of Trades and Professional Services will consult with and assist the employer in all matters related to the training of the student-learner and evaluation of his/her learning performance, and will periodically visit the place of employment to observe and evaluate the training situation.
4. This agreement may be terminated by any of the parties signing it with the understanding that the school is to be notified at the time of, or prior to such termination.

STUDENT LEARNER

DATE

PARENT'S SIGNATURE

DATE

AUTHORIZED SIGNATURE (EMPLOYER) DATE

WE COORDINATOR

DATE

NOTE: If student-learner's termination is imminent, please call the WE Coordinator as soon as possible.

GUAM COMMUNITY COLLEGE COMPLIES WITH ALL LAWS THAT PROHIBIT DISCRIMINATION. THE ADMINISTRATION, FACULTY AND STAFF OF GUAM COMMUNITY COLLEGE ARE COMMITTED TO PROVIDING AN EQUAL EDUCATIONAL OPPORTUNITY WITHOUT REGARD TO AGE, SEX, DISABILITY, RACE, COLOR, NATIONAL ORIGIN OR VETERAN STATUS.