LOS ANGELES TRADE TECHNICAL COLLEGE COOPERATIVE EDUCATION
APPLICATION FOR ENROLLMENT

By completing this form I authorize my instructor to speak to my employer regarding my participation progress in Coop Ed.

1. **STUDENT INFORMATION** (Please Print Clearly)

Semester / Year: Fall 2022 Course: Coop Ed 195 Section #: 19335

New to Coop Ed ☑
Returning to Coop Ed ☐ Email: _____

Student Name: _____ Student ID#: _____

Home Address _____ City _____ State _____ Zip _____

Home Number _____ Mobile Number _____

College Major _____ Occupational Goal: Internship

2. **EMPLOYMENT INFORMATION**

Company Name: LA Promise Fund Supervisor: Alex Rincon

Supervisor Email: Alexanderr@lapromisefund.org

Supervisor Dept.: N/A Phone #: 3235168580 Ext#: N/A

1933 S. Broadway, Suite 1108 | Los Angeles | CA | 90007
Employer Address | City | State | Zip

Your Job Classification: Intern Dept.: N/A

Paid Employment ☐ *(75 hrs/unit required)*
Unpaid Employment ☑ *(60 hrs/unit required)*

In sentence form, describe your job assignment in detail:

Career Readiness Internship

Number of hours your work per week: 7.5 Employee #: n/a

Days/Hours You Work: (Ex: **M 3:30am-11:00pm**) **Note: If your schedule varies from week to week please write varies**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Varies	Varies	Varies	Varies	Varies	

THE FOLLOWING STATEMENT IS TO BE SIGNED BY STUDENT:

I agree to complete all necessary paperwork in a timely manner. I will provide a copy of a registration/fee receipt to the Coop Ed office immediately upon enrollment. I understand that failure to comply with any of those conditions may result in my dismissal from the program. I understand that I may only complete one Cooperative Work Experience Education class per semester.

Student's Signature _____ Date _____

Approval by _____ Date _____

CWEE Coordinator

Student/Employer contact	Telephone	In Person	Written	Date

Cooperative Work Experience Education

LOS ANGELES TRADE-TECHNICAL COMMUNITY COLLEGE

Cooperative Work Experience Education

AGREEMENT

Date 12/16/22 Name _____ Sem Fall 2022

Student ID _____ Employer The Intern Project

Learning objectives which reflect new or expanded job-related responsibilities must be written by the student, then reviewed and approved by the employment supervisor and the instructor at the beginning of the semester. The objectives must be measurable and attainable. The instructor will discuss progress made in accomplishing the objectives with the employment supervisor and the student. From this evaluation and other criteria the instructor will grant credit for the work experience.

OBJECTIVE

(1)	The intern will exercise leadership skills by demonstrating self-direction on required tasks and time management by completing deliverables in a timely fashion. Supervisor will evaluate through review and examination of career related projects throughout the internship program. This will be completed by December 2022.
(2)	The intern will demonstrate professional skills and 21st century skills through collaboration, effective communication, networking, and by using project management and professional tools (i.e. Microsoft, Google Suite, social media platforms, etc.) throughout the internship project. Supervisor will evaluate through review and examination of career related projects throughout the internship program. This will be completed by Dec.2022.
(3)	The intern will practice analytical/critical thinking and display social/emotional IQ throughout the internship seen through creative problem solving, attention to detail, application of theoretical knowledge to the workplace, and willingness to learn for continuous improvement. Supervisor will evaluate based on observation. This will be completed by December 2022.

AGREEMENT

The three participants in the Cooperative Education program agree with the validity of the above learning objectives. The student agrees to abide by the Cooperative Education requirements. The employment supervisor will meet with the instructor at least once during the semester to evaluate the student's performance on the learning objectives. The instructor will award academic credit for successful completion of the objective.

The employer and the college will provide supervision and guidance to insure maximum educational benefits from this work experience. The Los Angeles Community Colleges District, in compliance with civil rights legislation does not discriminate on the basis of race, color, national origin, ancestry, religion, creed, sex, age, handicap, marital status, sexual orientation, or veteran status in its employment or educational programs and activities. Direct inquires to the Affirmative Action Office, (213) 891-2315.

Student's Signature	Employer/Supervisor's Signature	College Representative's Signature

Cooperative Work Experience Education is a joint venture involving students, the employer, and the College. The following responsibilities evaluated by the employer/supervisor, in addition to the above objectives will be basis for a grade at the end of the semester. This grade will be the responsibility of the College. **Employers/supervisors:** Please rate each learning objective (above) and each responsibility (below) in terms of achievement by circling the appropriate number.

NOTE: BOTTOM PORTION MUST BE COMPLETE TOWARD END OF SEMESTER

	HIGH		AVG		LOW		
1. Demonstrates habits of punctuality and attendance	10	9	8	7	6	5	10
2 .Learns and organizes tasks easily and quickly.	10	9	8	7	6	5	10
3. Works tactfully and cooperatively with others	10	9	8	7	6	5	10
4. Exhibits initiative, alertness, and enthusiasm.	10	9	8	7	6	5	10
5. Meets job performance standards	10	9	8	7	6	5	10
6. Consistent work performed with speed/accuracy	10	9	8	7	6	5	10
7. Works well without supervision/dependable.	10	9	8	7	6	5	10
(1) Objective accomplishment	10	9	8	7	6	5	10
(2) Objective accomplishment	10	9	8	7	6	5	10
(3) Objective accomplishment	10	9	8	7	6	5	10

TOTAL: 100

Weekly hours worked: 60

Supervisor / Employer Signature

12/16/22
Date

LOS ANGELES TRADE TECHNICAL COLLEGE
VOLUNTARY ACTIVITY PARTICIPATION WAIVER
RELEASE OF LIABILITY and MEDICAL TREATMENT AUTHORIZATION

Participant Name:		STUDENT ID #
Description of Activity:	Unpaid Internship or Work Experience, Cooperative Work Experience Education (CWEE) Course	
Date(s) of Activity:	**CIRCLE ONE** Fall 2022 or Winter 2023 or Spring 2023 or Summer 2023	
Activity Program/Dept. and Director Name:	CWEE	

I understand and acknowledge that I have voluntarily enrolled in the Los Angeles Trade-Technical College ("College", "LATTC"), Cooperative Work Experience Education course and related Activities. I authorize the College to contact and visit my worksite supervisor to inform them of CWEE course requirements and to notify them if I fail to complete the enrollment process, drop the course or are dis-enrolled for any other reason.

I understand and acknowledge that this Activity and any related activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities. I also realize that the Activity may be strenuous, and that I have the option to seek the advice of a physician before I participate in this Activity. I understand and acknowledge that some of the injuries/illnesses which may result from participating in this Activity include, but are not limited to, the following:

- Sprains
- Fractured bones
- Unconsciousness
- Head and/or back injuries
- Paralysis
- Activity related injury/illness
- Loss of eyesight
- Communicable diseases
- Death

The above list is not intended to be inclusive of all injuries that may occur, but rather to inform me of the types of risks inherent in my participation in the above Activity, so that I can make a voluntary choice to participate or not participate.

In the event that this Activity is off campus, I hereby acknowledge and understand that, unless specifically advised otherwise, the College is not providing transportation and it is my responsibility to arrange for my transportation to and from the Activity. If the College does provide transportation but I do not use the transportation, I am responsible to make my own arrangements and the College assumes no responsibility or liability of any kind. When providing my own transportation, I further acknowledge and agree that:

- The driver of the vehicle in which I am riding, either as driver or passenger, is not driving on behalf of, or as an agent of, the College and that LATTC has not verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle;
- The College is in no way responsible for, nor does LATTC assume any liability for, any injury or loss which may result from my transportation.

In the event of accident or illness, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, I agree that LATTC and its personnel are not legally or financially responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

In the event of accident or illness please notify: _____
Name Telephone

I voluntarily waive any claims against the College for injury, accident, illness or death occurring during or by reason of these Activities. I voluntarily elect to participate in these Activities. I agree to assume any and all liability and responsibility for any and all potential risks which may be associated with participation in such Activities or any Activities incidental thereto. I hereby voluntarily exempt and relieve, on behalf of myself and my heirs, executors, administrators and assigns, Los Angeles Trade Technical College, LA Community College District, its officers, agents, servants, employees, and volunteers from any liability or responsibility for any property damage, personal injury, bodily injury, or wrongful death that I might sustain which is incident to and/or associated with preparing for and/or while participating in any Activity in any way connected with said Activities, including travel to and from Activity locations, whether same shall arise by the negligence of any of said persons, or otherwise.

I acknowledge that I have carefully read and understand this Voluntary Activities Participation Waiver, Release of Liability and Medical Treatment Authorization and that I agree to its terms and conditions.

_____ _____
Signature of Participant or, if Participant is a minor, Parent/Guardian Date

☐ Check Box if Participant is a Minor

_____
Print Name of Participant or, if Participant is a minor, Parent/Guardian

Sign, scan and submit as an email attachment to Christie Dam, PhD at DamMC@lattc.edu
Los Angeles Trade Technical College, CWEE Office, 400 West Washington Blvd., Los Angeles, CA 90015

LOS ANGELES TRADE-TECH
LATTC
A Community College

WORKERS' COMPENSATION - Pre-Designation of Personal Physician

EMPLOYEE NAME	CLASSIFICATION

If you are injured on the job **you have the right to be treated by your personal physician if you notify us, in writing, prior to the injury. To qualify as your pre-designated, personal physician, the physician must agree, in writing, to treat you for a work related injury,** must have previously directed your medical care and must retain your medical history and records (Labor Code 4600). Your pre-designated physician must be a general practitioner, family practitioner, board certified or board eligible internist, pediatrician or obstetrician-gynecologist.

This is an optional form that can be used to notify us of your personal physician. You may choose to use another form, as long as you notify us, **in writing, prior** to being injured on the job and provide **written verification** that your personal physician meets the above requirements and agrees to be pre-designated. Otherwise, you will be treated by one of our designated worker's compensation medical providers.

EMPLOYEE ACKNOWLEDGEMENT (Choose one)

❑ **I acknowledge receipt of this form and elect not** to pre-designate my personal physician at this time. I understand that in the event of a work related injury or illness, I will receive medical treatment from my employer's medical provider. I understand that, at any time in the future, I can change my mind and provide written pre-designation of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

Employee Signature: _____ Date: 12/16/22

OR

❑ **If I am injured on the job, I wish to be treated by my personal physician.** This physician is my personal physician who has previously directed my medical care and retains my medical history and records.

Name of Physician _____ Phone Number _____

Physician Address _____

Employee Signature: _____ Date: _____

The remainder of this form is to be completed by your physician and returned to Human Resources.

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other **written** documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

❑ **I agree to treat the above named employee in the event of an industrial accident or injury AND I meet the criteria outlined above**. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

Physician Signature: _____ Date: _____

Printed Name: _____

Please return completed form to:

Los Angeles Trade Technical College
Cooperative Work Experience Education
400 West Washington Blvd.
Los Angeles, CA 90015
DamMC@lattc.edu