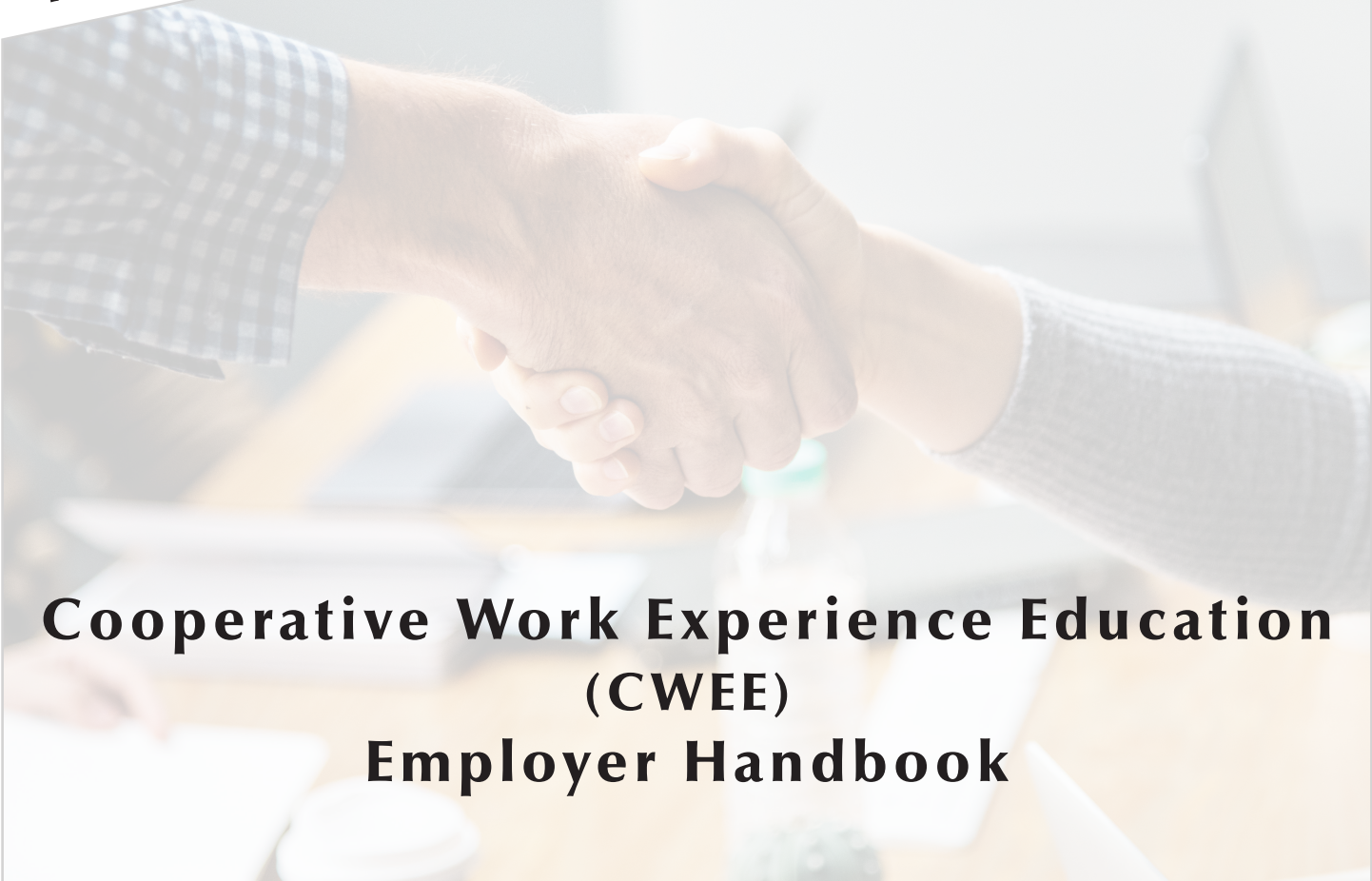


Career Education

get **READY**

TO HOST A MT. SAN JACINTO COLLEGE STUDENT INTERN



**Cooperative Work Experience Education
(CWEE)
Employer Handbook**



The **Cooperative Work Experience Education (CWEE)** program helps students achieve their educational and career goals through internships. This is a unique experience for students because it provides an opportunity to combine classroom education with mentored work experience.

Benefits for Employers:

- Create and maintain a relationship with Mt. San Jacinto College
- Close the gap between classroom experience and job skills by providing real work experience
- Select from a pool of advanced students to assist in current projects and assignments
- Cost-effective program for recruiting potential hires and reducing turnover
- Gives the business a chance to ensure today's student will become tomorrow's employee
- Opportunity to provide feedback to faculty on necessary skills for the industry to update curriculum

Employer Requirements for Getting Started:

- STEP 1:** Identify any needs, special projects, and/or challenges that interns could be assigned.
- STEP 2:** Submit the **Off-Campus Internship Request Form** to identify your needs and the desired qualifications you would like in a candidate.
- STEP 3:** Complete the mandatory **District Affiliation Agreement** and submit your **Certificate of Insurance** to the Business Services department.
 - The CWEE department is unable to move forward until this is complete.
- STEP 4:** Create an employer account on Eagle Career Connection (www.msjc.edu/careerconnection) and start uploading internship and job announcements.
- STEP 5:** Interview potential candidates and notify the CWEE office of candidate that is selected.
- STEP 6:** Meet with the student to review the **CWEE Application** and **CWEE Training Plan** and develop three learning objectives that students should accomplish during the internship.
- STEP 7:** Supervise student during internship and sign student's **Monthly Timesheets**.
- STEP 8:** Meet with Faculty Advisor at least once during the semester at your place of business.
- STEP 9:** Complete the **Employer Evaluation of Student** and review with the student before submitting to Faculty Advisor.

Please contact the CWEE Office at 951-639-5352 with any questions



Frequently Asked Questions for Employers

Q: *How do I get started?*

A: To get started, complete the **Off-Campus Internship Request Form**. Then, please email, fax or mail the completed form to the Cooperative Work Experience Education (CWEE) Program office.

Q: *Is it possible to not release our company's contact information to students?*

A: Yes. If your company prefers, the CWEE office can collect student resumes and then forward pre-screened applicants to your office for scheduling of interviews. This will limit the number of students that are aware of your opportunity.

Q: *How are students for the internship selected?*

A: After receiving the all of the necessary documents, the CWEE Coordinator will inform faculty from your company's industry who will notify interested, well-prepared students about the opportunity. Those students will then either send their resume directly to you or if you prefer, the CWEE office can forward student resumes. Next, you can interview the interested candidates and select the student that best fits your needs. Please notify the CWEE office once your organization selects a student intern.

Q: *Do I need to notify MSJC of the candidate that has been selected?*

A: Yes. The student who has been selected will need to participate in an orientation in order to enroll in the internship course for credit. The student is also required to complete registration paperwork. If the student does not enroll for credit, they are not covered by MSJC's workmen's compensation insurance policy and are not affiliated with MSJC's CWEE program.

Q: *What date does the internship program start? What date does the internship program end?*

A: The internship program begins on the first day of the semester (Fall, Spring, Summer). The internship ends on the last day of the semester (see MSJC's academic calendar). Students are not allowed to start interning until the semester begins and they registered for the internship course.

Q: *Do I have to add the student to my company's workmen's compensation insurance plan?*

A: No. Since the student is enrolling in an internship course, MSJC is able to cover the student under the district's workmen's compensation insurance. If you need a copy of the plan for your records, please contact the Business Services office at (951) 487-3013.

Q: *What are the average hours per week a student must work to earn credit?*

A: The number of hours will depend on the number of units the student is enrolling in for the internship course and if the internship is paid or unpaid. Refer to the chart below for the required number of hours that must be worked in the semester.

UNITS	UNPAID	PAID
1	60-119	75-149
2	120-179	150-224
3	180-239	225-299
4	240+	300+

Q: *What are the employer's responsibilities?*

A: The employer is expected to supervise and provide recommendations on how students can improve technical and soft skills. At least once in the semester, the faculty advisor for the internship course will need to visit the site to meet with the site supervisor. The site supervisor will need to sign the student's timesheets at the end of each month. Additionally, the site supervisor is asked to complete an evaluation of the student's performance at the end of the internship and then review it with the student.

Cooperative Work Experience Education (CWEE)-Occupational Internship Program--- Off-Campus Internship Request Form

Name of Company: _____

Internship Position Title: _____



Internship Supervisor:	Address:
Phone:	Email:
# of interns requested:	Semester requested (Fall, Spring, Summer):
Paid or Unpaid	Hours per week:
Is your company open to any of the following student request (please circle):	
Informational Interviews: Yes or No	Job Shadow: Yes or No

Internship Description:

Learning Objectives:

Ideally, each learning objective should be able to answer the following four questions:

1. What do you want to learn? (What is the task to be accomplished?)
2. How will you learn it? (How will it be accomplished?)
3. How will the results be measured? (How will it be evaluated and by whom?)
4. When will it be accomplished? (By what date will it be completed?)

Remembering that the learning objective must be specific, measurable, limited to a single definite result, and have a completion date.

Example: By the end of the semester, the student will strengthen their interpersonal communication skills by interacting with the public via phone, email, and face-to-face. The site supervisor will provide formative and summative assessments evaluating this objective.

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Cooperative Work Experience Education (CWEE)-Occupational Internship Program--- Off-Campus Internship Request Form

Learning Activities:

The request must include a description of the learning activities (job duties) that will allow the student to accomplish the defined learning objectives.

Example: Customer service functions, including: greeting customers, answering telephones, and answering questions regarding products and services

-
-
-

Experience and Qualifications (Knowledge/Skills/Abilities):

Example: Skilled in Microsoft Excel

-
-
-

Major(s) desired:

-
-

Required/recommended coursework:

-

How to apply:



MT. SAN JACINTO COMMUNITY COLLEGE DISTRICT
COOPERATIVE WORK EXPERIENCE EDUCATION (CWEE)
AFFILIATION AGREEMENT

COMPANY/ORGANIZATION

NAME: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

CITY/STATE/ZIP CODE: _____

CONTACT NAME: _____ CONTACT E-MAIL: _____

This Affiliation Agreement is made and entered into by and between Mt. San Jacinto Community College District herein after referred to as the "District" and _____ herein after referred to as the "Employer".

The purpose of this Affiliation Agreement is to provide a working and learning opportunity for eligible students enrolled in the Cooperative Work Experience Education Program herein after referred to as the CWEE Program. These employment opportunities are called "occupational internships". The occupational internships can be paid or unpaid. The duration of the occupational internships is from the first day of the semester and to the last day of the semester. Both parties agree to the following conditions:

1. **Term.** The date of this Affiliation Agreement will be _____ through June 30, 2020.
2. **Start Date.** The CWEE student shall not start their occupational internship with the Employer until this Affiliation Agreement has been fully approved and signed by all Parties.
3. **Termination:** This Agreement can be terminated by either party, without cause, by providing sixty (60) days written notification to the other party prior.
4. **Worker's Compensation Insurance Requirements:** While the student is participating in the occupational internship – the following must be adhered to:
 - a. If the student is to be unpaid, the student will be covered under the District's Worker's Compensation insurance.
 - b. If the student is to be paid, the Employer will be held responsible for providing Worker's Compensation insurance coverage for the student.
5. **Commercial Liability Insurance Requirements.** The District maintains for itself commercial general liability insurance coverage in the minimum amounts of \$1,000,000 per occurrence (combined single limit for bodily injury and property damage); \$1,000,000 for personal and advertising injury liability; \$1,000,000 aggregate on products and completed operations and \$2,000,000 for general aggregate.
6. The Employer is required to provide a copy of their certificate of insurance to the District's Business Services Department upon execution of this Agreement.
7. **Student Employment Status.** If the student is to be paid for their occupational internship, the student is considered an employee of the Employer. The Employer will adhere accordingly to all applicable local, state and federal employment rules and regulations.
 - a. If a student's employment status changes – unpaid to paid or paid to unpaid, the Employer must notify the District's CWEE Coordinator.
8. **Cooperative Work Experience Education Program (CWEE) Contact Information.** If there should be any questions pertaining to the CWEE Program or the student's occupational internship - contact Matt Leyden, CWEE Coordinator at (951) 639-5437 or mleyden@msjc.edu.

9. **Mutual Hold Harmless and Indemnification:** The District and the Contractor will mutually protect, indemnify, and hold each other harmless from any costs, losses, claims, demands, suits, actions, payments and judgments, or other liabilities or expenses, including legal and attorney's fees, arising from personal or bodily injuries, property damage or otherwise, however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by the errors, acts or omissions of those involved in this Agreement.
10. **Confidentiality:** The District and the Employer will perform the services as outlined in this Agreement in accordance with the privacy and confidentiality rules and regulations as mandated by federal, state, and or local laws. The District and the Employer will not disclose any confidential information to a third party except as required by law.
11. **Non-Discrimination:** The Employer will not illegally discriminate against any person because of sex, race, disability, national origin, veteran's status, sexual preference or religion, and agrees to comply with all applicable federal and state laws, rules, regulations, and executive orders relating to non-discrimination, equal employment opportunity and affirmative action.
12. **Applicable Law:** This Agreement will be subject to and will comply with all federal, state and local laws and regulations applicable with respect to its performance under this Agreement.
13. **Governing Law, Jurisdiction and Venue.** This Agreement will be governed, construed and enforced in accordance with the laws of the State of California. The jurisdiction will be the State of California and the venue will be Riverside County, California.
14. **Affiliation Agreement.** Sign and return this Affiliation Agreement via e-mail (preferred method) to Business Services at: businessservices@msjc.edu, or by mail to Mt. San Jacinto Community College District, Business Services Department, 1499 N. State Street, San Jacinto, CA 92583.
15. **Entire Agreement:** This Agreement contains the entire Agreement between the parties and supersedes all prior written and oral agreements with respect to the subject matter herein. Any modifications will require mutual agreement by both parties. This Agreement may only be amended by a written amendment approved and signed by both parties.
16. **Execution of Agreement.** This Agreement will not become effective or in force until all of the parties named below have fully executed this Agreement. Only the legally authorized representative of each Party is allowed to sign this Agreement.

<p>Mt. San Jacinto Community College District</p> <p>Signature: _____</p> <p>Printed Name: <u>Beth Gomez</u></p> <p>Title: <u>Vice President Business Services</u></p> <p>Date: _____</p>	<p>Company/Organization: _____</p> <p>Signature: _____</p> <p>Printed Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>
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Mt. San Jacinto Community College District
1499 N. State Street, San Jacinto, CA 92583

Roger W. Schultz, Ph.D.
Superintendent/President

Board of Trustees
Tom Ashley
Sherrie Guerrero, Ed.D.
Dorothy McGargill
Ann Motte
Bill Zimmerman

Dear Potential Business Partner,

Thank you for joining us in the educational partnership that is community learning by allowing our students to perform an externship at your site. We greatly appreciate the opportunity to collaborate and educate the students of Mt. San Jacinto College District.

Our status as a public entity combined with our participation in a pool of other schools through a JPA (Joint Powers Authority) requires us to ask those who we have a business relationship with, for the following documentation, on an annual basis:

- **Accord Certificate of Insurance** showing vendor meets minimum insurance requirements
 - This document can easily be obtained from your Commercial Insurance broker; they typically issue certificates, at no charge.
- On the **Accord Certificate of Insurance** Mt. San Jacinto is named as Additional insured;
 - On the Certificate of insurance (listed above) there is a spot to name us as an additional insured.
- **Signed Hold Harmless/Indemnification form**
 - This hold harmless and indemnification form is a mutual indemnification statement giving both parties an equal amount of exposure.

If you have any questions or need clarification regarding these documents, please contact me directly at 951-487-3040 or via email at jvenable@msjc.edu.

We look forward to working with you to help our local workforce develop and hope that our students can have the opportunity to become your future, prospective employees.

Respectfully yours,

Julie Venable
Dean of Administrative Services/Controller

Cooperative Work Experience Application

Cooperative Work Experience Education Application for (check one):

OCCUPATIONAL INTERNSHIP GENERAL WORK EXPERIENCE



Student Information

Name: _____

Student ID #: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Employer Information

Supervisor's Name: _____

Address: _____

City, State, Zip: _____

Company's Phone: _____

Supervisor's Phone (optional): _____

Supervisor's Email Address: _____

General Information

Student's Major: _____

Occupational Goal: _____

Faculty Advisor: _____

I plan to work _____ hours per week.

I plan to enroll in _____ semester units.

I have previously completed _____ units of Occupational Internship or units of General Work Experience.

The courses I have completed in my major are (List course numbers, i.e. ADS 101, 102, 103): _____

My internship title is: _____

My internship is (check one): NON-PAID or PAID

My work schedule is: _____

My job duties include: _____

Student's Signature

Supervisor's Signature

To the best of my knowledge, all of the above information is true and correct.

FOR STAFF USE ONLY

Transcripts have been reviewed and courses required prior to enrollment are:

- Completed
- In-Progress
- Not Completed

Verified By: _____



**Cooperative Work Experience Education
(CWEE) Program
TRAINING PLAN
(Not an Employment Contract)**

**CWEE Office
28237 La Piedra Road
Menifee, CA 92584
(951) 639-5352**

Student Name: _____ Student ID# _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Student Email: _____ @ _____

Semester Year: _____ CWEE Course: _____ Section #: _____ Units: _____

Occupational Goal: _____

Internship begins on _____, 20_____ and extends through the current semester.

Job Title: _____ Type of Work Experience: _____

Employing Firm: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Employer Email: _____ @ _____

Work Station Supervisor: _____ Title: _____

This student would like to advance his/her knowledge and efficiency in the occupational field of his/her choice. His/her goal is to achieve this through a balance of classroom instruction and on-the-job experiences. This plan sets forth the student's on-the-job learning objectives for the current semester and the conditions through which they may be achieve. As a result of successfully completing this occupational internship, the student will be able to:

First Objective: _____

Second Objective: _____

Third Objective: _____

Employer and Mt. San Jacinto Community College District ("District") agree to provide supervision and guidance to ensure maximum educational benefit from this work experience. District does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, medical condition, mental or physical disability, marital status, sexual orientation or Vietnam era veteran status in its acceptance, assignment, treatment, evaluation or compensation of students who participate in programs sponsored or arranged by District. Employers who sign this Agreement are expected to uphold this policy in their selection of prospects for employment, education processes or activities. District shall be considered the employer of unpaid students in the CWEE program for the limited purpose of providing worker's compensation insurance. Students paid by Employer shall be covered under the Employer's worker's compensation and/or liability insurance as required by law.

The **STUDENT** will: 1) maintain satisfactory grades and attendance in all related instruction and coordinating classes; 2) meet work and safety standards required by the employer; and 3) meet all requirements of the CWEE Program.

The **EMPLOYER** will: 1) comply with all appropriate federal and state employment regulations; 2) assist and supervise the student in achieving his/her on-the-job learning objectives; and 3) assist the faculty advisor in the evaluation of the student and verify the record of hours worked.

The **FACULTY ADVISOR** will: 1) consult periodically with the employer and the student; 2) evaluate and grade the student, in cooperation with the employer; and 3) coordinate on-campus instruction with the job training received and assist the student to achieve his/her learning objectives.

Total number of hours to be worked _____
 _____ Paid _____ Unpaid
 Number of units to be earned _____
 (see CWEE Handbook)

Supervisor's Signature _____ Date _____
 Student's Signature _____ Date _____
 Faculty Advisor's Signature _____ Date _____
 Coordinator's Signature _____ Date _____

This plan may be terminated, for cause, by any person named hereon, with the understanding that due notice will be given to all interested parties

White – Faculty Advisor

Yellow – Employer

Pink - Student

Performance Record (Timesheet)



Occupational Internship Program Monthly Performance Record

CWEE Office
28237 La Piedra Road
Menifee, CA 92584
(951) 672-6752

Student's Name _____

Employed By _____

Work Station Supervisor _____

Month of _____ 20_____

DUE DATE →

This timesheet is mandated by the State and must be turned in to the Faculty day of the month). Advisor by the due date (last

DATE	IN	OUT	NO HOURS	DATE	IN	OUT	NO HOURS	
1				17				
2				18				
3				19				
4				20				
5				21				
6				22				
7				23				
8				24				
9				25				
10				26				
11				27				
12				28				
13				29				
14				30				
15				31				
16				TOTAL HOURS				

I hereby certify that the number of hours listed above is correct and that the work assigned has been performed in a satisfactory manner.

Student's Signature Date

Job Supervisor's Signature Date

Faculty Advisor's Signature Date

Employer's Evaluation



OCCUPATIONAL INTERNSHIP PROGRAM EMPLOYER'S EVALUATION OF STUDENT

***To be filled out by site supervisor and discussed with student—signatures required**

Student/Interns Name: _____

Company: _____ Supervisor Name/Title: _____

This is an evaluation of the student as a worker in the company and as a student in the Cooperative Work Experience Program. Your evaluation will help the college instructor assess the student's overall class performance.

PROGRESS TOWARD OBJECTIVES:

Objective #1: _____ Achieved Objective Limited Progress

Objective #2: _____ Achieved Objective Limited Progress

Objective #3: _____ Achieved Objective Limited Progress

DISCUSSION OF ACHIEVEMENT TOWARDS OBJECTIVES:

OVERALL WORK PERFORMANCE:

	Excellent	Above Average	Satisfactory	Needs Improvement
ATTENDANCE Attends as scheduled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUNCTUALITY & DEPENDABILITY Meets deadlines and is prompt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REALTIONS WITH OTHERS Is cooperative, courteous, and friendly to customers, associates and supervisors. Accepts suggestions and controls his/her emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE Is eager to improve. Progresses on won initiative; dependable, enthusiastic, sincere, has appropriate work habits. Uses good judgment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO LEARN Learns quickly and is eager to new ways of completing tasks. Is open to changes and handles new tasks/challenges with ease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUALITY OF WORK Strives for improvement; shows thoroughness, accuracy, and precision in detail. Has satisfactory performance and speed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION Adheres to professional verbal and non-verbal communication at all times. Demonstrates sensitivity to culture and diversity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

Supervisor Signature

Date

Student Signature

Date

TOTAL NUMBER OF HOURS STUDENT WORKED AT SITE: _____



Career Education