

**SUMMER 2010 WORK-BASED LEARNING (WBL)**  
**Student Emergency Contact Information**  
**Student Memorandum of Understanding (MOU)**

(Please type or print clearly)

DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ WORKSITE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_  
Last First

HOME ADDRESS \_\_\_\_\_

APT \_\_\_\_\_ BOROUGH \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

**(EMERGENCY CONTACT TELEPHONE NUMBER(S) MUST BE DIFFERENT FROM HOME TELEPHONE)**

EMERGENCY TELEPHONE \_\_\_\_\_

As a WBL Summer 2010 Intern, I agree to the following:

- Pass company medical exam, drug screening, and fingerprinting, *if required*;
- Commit to a six-week non-interrupted internship;
- Not to take any vacation during the internship period; I may schedule my vacation to begin after the internship is over;
- To maintain an excellent record of attendance and punctuality at the worksite;
- To call my worksite supervisor if I am ever going to be late or absent;
- To dress professionally while at the worksite;
- To be responsible for completing whatever tasks I am assigned by my worksite supervisor;
- To complete all assigned WBL projects;
- To keep my own personal folder that contains my check stubs, copies of my timesheets, copies of my WBL projects, and copies of my updated resume that includes my summer 2010 internship.

By signing this document I confirm that I have read, understood, and agree to all of the above: \_\_\_\_\_

\_\_\_\_\_  
(Student's Signature)