



Cooperative Work Experience (CWE)

Student Enrollment Application

~ *Must be 18 years old* ~

Student Name:		School Year/Term:	
Student ID:		CWE Course:	
Declared Major:		Ticket #:	
Phone #:		# of Units:	
IVC Email:		# of Work Hours	
Personal Email:		CWE Type:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
Home Address:			

STUDENT INFORMATION

CE Program currently pursuing:		Prior CWE credits:	
Are you under 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, CWE is currently not available to minors.)		
Are you F1 International Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, visit International Students Ctr. for additional information.)		
Are you FWKS Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, visit Financial Aid Office for additional information.)		
Are you operating a company vehicle, heavy equipment, or working with hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide information regarding training and skills – see your CWE faculty for additional forms/approvals.)			
Are you working with minors? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide information regarding training and skills – see your CWE faculty for additional forms/approvals.)			
Are you working in a private residence? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, CWE is not available currently.)			

FACULTY INFORMATION

Faculty Name:			
Faculty Phone Number:			
Faculty Email:			

EMPLOYER INFORMATION

Company Name:			
Type of Business:			
Company Address:			
CWE site if other than company address:			
CWE Supervisor Name:		Supervisor Title:	
CWE Supervisor Email:		Supervisor Phone:	

CWE UNIT INFORMATION CHART
(Units are based on total hours worked during the semester)

PAID CWE				UNPAID/VOLUNTEER CWE			
1 unit = 75 hrs.	2 units = 150 hrs.	3 units = 225 hrs.	4 units = 300 hrs.	1 unit = 60 hrs.	2 units = 120 hrs.	3 units = 180 hrs.	4 units = 240 hrs.

EMPLOYER AGREEMENT

Employer and Irvine Valley College (IVC)/South Orange County Community College District (SOCCCD) agrees to provide necessary supervision and guidance to ensure maximum CWE educational benefit from this work experience. IVC does not discriminate based on 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 IVC. Employers who sign this agreement are expected to uphold this policy in their selection of prospects for employment, education processes or activities.

Paid CWE: It is understood that the organization will provide adequate protection for their paid student/employee through workers' compensation and general liability insurance as required by law. The student and organization understand that no employment arrangement exists between the student and IVC/SOCCCD. The organization shall defend, indemnify, and hold harmless IVC/SOCCCD, its officers, employees, and agents from and against all liability, loss, expense, attorney's fees, or claims of injury or damages arising out of the performance of this agreement.

Unpaid CWE: IVC shall be considered the employer of unpaid students in the CWEE program for the limited purpose of providing worker's compensation insurance. IVC/SOCCCD will provide adequate protection for the student through its workers' compensation insurance as required by law. The student and Irvine Valley College/(SOCCCD) understands that no employment arrangement exists between the student and the organization. The organization agrees to defend, indemnify, and hold harmless IVC/SOCCCD, its officers, employees, and agents from and against all liability, loss, expense, attorney's fees or claims for injury or damages caused by or result from the negligent or intentional acts or omissions of the organization, its officers, agents or employees.

I have read, agree to, and received a copy of the U.S. Department of Labor Wage and Hour Division Fact Sheet #71: Internship Programs Under The Fair Labor Stands Act.

Print Name:		Date:	
Signature:			

STUDENT AUTHORIZATION

As a Cooperative Work Experience student, I understand that my CWE Faculty/Coordinator will be providing and sharing my CWE work experience educational activities and enrollment information to my CWE Supervisor, and that my CWE Supervisor will also be providing and sharing information about my educational CWE job-related objectives to my CWE Faculty/Coordinator.

I have read, agree to, and received a copy of the U.S. Department of Labor Wage and Hour Division Fact Sheet #71: Internship Programs Under The Fair Labor Stands Act.

Student Signature:		Date:	
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FOR CWE OFFICE ONLY

CWE Faculty Approval:		Date:	
CWE Coordinator Approval:		Date:	
Department Dean Approval:		Date:	