



Name: \_\_\_\_\_

**L.A. Matheson Secondary School  
THE MATHESON CO-OP  
(Spoken Language 11/Composition 11/ Social Science 12/  
Work Experience 12/CLC 12/Capstone)**

**CAREER EDUCATION PROGRAM**

**Application Package**

**Program Requirements:**

- Must be in Grade 10 to apply
- Have your parent/guardian's written permission
- Make your own transportation provisions
- Complete academic pre-requisites for all courses (an English 10, Socials 10, CLE 10)
- **Incomplete applications will not be considered**

**Student Instructions:**

- The student is to complete the “Application for Participation” and “Co-Op Placement Request” forms including the parent/guardian signature.
- The student and their parent/guardian should fully read the “Expectations of the Co-Op” and “Letter of Agreement” together and sign in full.
- The student is to politely request a former or current teacher to provide a confidential reference describing their suitability for the co-op program.
- The student is to complete the “Medical Information” form, including the signatures of both the student and parent/guardian.

**CAREER EDUCATION CO-OP APPLICATION FOR PARTICIPATION**

Student Number: \_\_\_\_\_ Date: \_\_\_\_\_ Co-op: The Matheson Co-Op  
Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal: \_\_\_\_\_  
Student Email: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

**TO PARTICIPATE YOU MUST:**

- Be 15 years of age
- Arrange transportation provisions
- Have your parent's/guardian's permission
- Complete academic pre-requisites

Past work experience: (Include volunteer work, babysitting, paper routes, etc.)

<b>Date Started/Ended</b>	<b>Job</b>	<b>What You Liked</b>

Hobbies and Interests (at least two): \_\_\_\_\_

Special Skills (circle if relevant): Computer, FoodSafe, First Aid

Other Training: \_\_\_\_\_

**Parent/guardian must sign.  
I give my child permission to participate in Surrey School District's Career Programs.**

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

## Co-Op Work Placement Request Form

Please print the following information neatly in ink.

Student Name \_\_\_\_\_  
(first) (last)

Student # \_\_\_\_\_

Cell phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**[A]** Please indicate (in order of preference) 2 or 3 specific areas of interest for your work experience placement.

- [1] \_\_\_\_\_ Contact?: Yes No  
[2] \_\_\_\_\_ Contact?: Yes No  
[3] \_\_\_\_\_ Contact?: Yes No

**[B]** Do you have a contact at a particular job site or business where you would like to do one of your work experiences?  Yes  No

Name of business \_\_\_\_\_  
Name of contact person \_\_\_\_\_  
Contact number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**[C]** All students are responsible for their own transportation to and from the work experience.

Check the method(s) of transportation you will use.

- Public Transit  Own Car  
 Parents/Guardian  
 Other (please explain) \_\_\_\_\_

Are you prepared to travel to:  Surrey  Richmond  Vancouver  Burnaby  Langley

\*Do you have any travel restrictions?  Yes  No

**\*If you indicate you have 'NO' travel restrictions, we will assume that you are able to get yourself to any workplace within the lower mainland at any time of the day or night. Please consider this question carefully before we start making placements that you may be unable to get to. If yes, explain on reverse of this page.**

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_



## EXPECTATIONS OF THE CO-OP PROGRAM

1. The goal of the program is to provide meaningful work experience that will give students the opportunity to develop career skills and explore career options. Each student should, in consultation with their parent/guardian, have seriously considered what type of work placement would be most beneficial to them.
2. Holidays and other absences are strongly discouraged as they make it very difficult to successfully complete the program.
3. **Due to the limited number of students accepted in Co-op, and the difficulty in re-scheduling students who withdraw, students are encouraged to consider seriously their commitment to completing the program before they return this form.** \_\_\_\_\_ Initials
4. The student will be expected to complete 100 hours at a volunteer work experience placement. This work experience will require the students to work a regular workday (8 hours) five days a week. Variances with regards to part-time jobs and other extra-curricular activities can be accommodated but these need to be arranged before a placement is finalized.
5. The student will be expected to transport themselves to and from the work placements. The location of the student's placement is decided in consultation with the student, but the student needs to make the Co-op coordinator aware of any potential travel restrictions upon application to the program.
6. The Career Education Department will be monitoring the student's behaviour over the coming months and any infractions that would, in our opinion, affect the suitability of a student for a Career Program, could result in the removal of that student from the program. Please sign and return to the Career Education Department.

We have read the above notice and understand the expectations of the Co-op Program.

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Parent/Guardian Signature

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Student Signature



**L. A. MATHESON SECONDARY SCHOOL  
LETTER OF AGREEMENT  
(To be completed by Parent/Guardian)**

Below is the wording that is found on the Career Education Agreement (Contracts). The contract is a legal document that is required to be completed by the student, yourself and the employer before the student commences their work placement. The contract will be given to the student to get signed at the time a placement for them is confirmed.

I understand and agree to the following:

1. My child is responsible for their own transportation to and from their work placement.
2. There are occasions where a student may need to be placed outside of the Surrey area due to the type of work experience they have requested or that a specific local work site is not available to us at that time.
3. The hours of work will be that of the work place and not school hours.
4. The workplace is a “place of employment” for all intents and purposes and should therefore be treated as such.
5. The LA Matheson Co-op Program is focused on creating a realistic work experience therefore, commuting and work hours are part of that experience.
6. In most cases, a student will get a placement that they have requested, however, there are times that unforeseen circumstances may not allow the student to get their first choice. (i.e. A student from another school is already there, job action etc.)
7. If my child does not meet the requirements for a successful placement, (being there on time, working co-operatively etc.) then they will be pulled from the work placement and will receive a failing grade for their Work Experience 12A course.

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Signature of Parent/Guardian

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Date

**Surrey District #36 (Surrey)**  
**MEDICAL INFORMATION**

**PLEASE PRINT**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Present Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day, Month, Year

Personal Health Number: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Family Doctor: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Address - Same as above:  or \_\_\_\_\_

Parent 1 phone number at home: \_\_\_\_\_ at work: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Address - Same as above:  or \_\_\_\_\_

Parent 2 phone number at home: \_\_\_\_\_ at work: \_\_\_\_\_

Describe any medical/physical problems that the school district should be aware of, or that might affect performance with an employer. (i.e. Epilepsy, Diabetes etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

## L.A. Matheson Secondary Teacher Reference Form

Teachers please return this form to Miss Konkin in the Career Centre or place it in my staff mailbox by **NOVEMBER 14**. Please **DO NOT** return this form to the student. This form and its contents will be kept **CONFIDENTIAL**.

Name of Student: \_\_\_\_\_ Date Received: \_\_\_\_\_ Time Received \_\_\_\_\_

This student has applied for:  The Matheson Co-Op       The Culinary Arts Co-Op

References from grade 10 teachers are strongly recommended. We greatly appreciate your comments in determining the suitability of the student for the program. Please provide a brief written comment on reverse.

Please indicate your response for the following traits as:

**(1) Very Poor (2) Poor (3) Satisfactory (4) Good (5) Excellent**

	1	2	3	4	5	N/A
Punctuality						
Attendance						
Work Ethic						
Academic Ability						
Respect towards classmates and teachers						
Enthusiasm						
Ability to work independently						
Ability to work with others						
Ability to accept constructive criticism						
Ability to adapt to new situations						
Dependability / Reliability						
Organization and Planning Skills						
Initiative						
Communication Skills						
Interpersonal Awareness						

Based on your experience with this student do you feel that they would represent L.A. Matheson in an appropriate professional manner in the work experience setting?

Please make a comment on the back of this form on student suitability.

- |  |   |
|--|---|
| <input type="checkbox"/> Strongly Recommend          | <input type="checkbox"/> Recommend        |
| <input type="checkbox"/> Recommend with Reservations | <input type="checkbox"/> Do Not Recommend |

Teacher Name: \_\_\_\_\_  
*(print name)*

\_\_\_\_\_ *(signature)*

Teacher Reference Comments:

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