

NEW CO-OP STUDENT _____
PREVIOUSLY DIDN'T COMPLETE _____
RETURNING CO-OP STUDENT _____

RETURN (DO NOT FAX) THIS FORM TO CO-OP OFFICE BY: _____

16-WK FALL _____
16-WK SPRING _____

VVC COOPERATIVE EDUCATION INFORMATION SHEET

PLEASE PRINT

Professor Maggi Dunsmore, Instructor

STUDENT NAME _____ VVC I.D. # _____
(Last) (First) (Nickname)

CO-OP WORK EXPERIENCE ENROLLMENT _____
(SECTION #) (COURSE NAME/TITLE) (UNITS)

STUDENT MAILING ADDRESS _____
(STREET) (CITY) (ZIP CODE)

WORK PHONE & EXT. _____ STUDENT HOME PHONE _____

CELL # _____ FAX # _____ E-MAIL _____

WORKSITE SUPERVISOR'S NAME _____

WORKSITE SUPERVISOR'S JOB TITLE _____ WORK PHONE & EXT. _____

CELL # _____ FAX # _____ E-MAIL _____

WORKSITE NAME _____

WORKSITE MAILING ADDRESS _____
(STREET) (CITY) (ZIP CODE)

WORKSITE STREET ADDRESS _____
(STREET) (CITY) (ZIP CODE)

MY JOB IS FOR (**PLEASE CHECK ONE**): PAY _____ NON-PAY _____

MY WORK SCHEDULE HOURS ARE: VARIES _____ OR MON. _____ TUES. _____

WED. _____ THURS. _____ FRI. _____ SAT. _____ SUN. _____

Please circle the best day and time for Ms. Dunsmore to meet with you and your supervisor at your worksite:

MONDAY TUESDAY WEDNESDAY THURSDAY @ (10:30-11:00 AM) (11:00-11:30 AM) (11:30 AM-12:00 PM)
(1:30-2:00 PM) (2:00-2:30 PM) (2:30-3:00 PM) (3:00-3:30 PM) (3:30-4:00 PM) (4:00-4:30 PM) (4:30-5:00 PM)
OTHER _____

I VERIFY THAT BY THE END OF THIS SEMESTER, I WILL NOT HAVE COMPLETED MORE THAN 16 UNITS OF COLLEGE COOPERATIVE WORK EXPERIENCE EDUCATION IN CALIFORNIA. I HAVE RECEIVED ALL CLASS MATERIALS.

STUDENT SIGNATURE _____

TODAY'S DATE _____

FOR OFFICE USE ONLY

TA MADE _____ TA DATE _____ AA MADE _____ AA DATE _____

VVC CO-OP SEMESTER: 1 2 3 4 5 6 7 CLASS ASSIGNMENT(S): 1 2 3 4 5 6

WALK-IN _____ SENT OUT PAPERWORK _____ ORIENTATION _____

CHECKED OUT DVD _____ WATCHED DVD _____ KEY WORDS _____

SEMESTER LTR _____ DTS 2 _____ CONTRACT _____ BOOKMARK _____ CALENDAR _____ TIMESHEETS _____

AA LETTER _____ ADDITIONAL CLASS MATERIALS _____

STUDENT HAS SIGNED CONTRACT _____

CO-OP STAFF INITIALS _____

DATE _____

AS IT IS NECESSARY TO MEET WITH YOU AND YOUR WORKSITE SUPERVISOR AT THE TRAINING SITE, PLEASE DRAW A MAP OR WRITE DIRECTIONS FROM THE COLLEGE TO YOUR WORKSITE ON THIS PAGE. USE THIS PAGE FOR ANY ADDITIONAL COMMENTS. PLEASE INDICATE DIRECTION (N, S, E, W) ON THE MAP. ALSO, SHOW ANY LANDMARKS AROUND YOUR WORKSITE (i.e., BURGER KING, VICTOR VALLEY MALL, ETC.)

PARKING INSTRUCTIONS:

LOT # _____
PARKING FEE _____
BUILDING # _____ ROOM # _____

HOW DID YOU HEAR ABOUT THE CO-OP PROGRAM? (Please check as many as needed.):

- Schedule_____
- Classmate_____
- Co-worker_____
- Cal WORKs_____
- EOPS_____
- Financial Aid_____
- Friend_____
- Family member_____
- Coach_____
- Counselor_____
- Other_____
- Returning Co-op Student_____

I AM TAKING THIS CLASS FOR THE FOLLOWING REASON(S):

- Elective Credit_____
- Insurance Purposes_____
- Work Experience_____
- Occupational Change_____
- SWS Grant/Tutors_____
- Financial Aid_____
- Athletic Eligibility_____
- High School Credit_____
- CalWORKs_____
- Other_____

Have you been in Cooperative Education before? _____ Did you complete Co-op Class? _____

MY CURRENT JOB TITLE _____

I HAVE BEEN IN THIS POSITION SINCE: _____
MONTH YEAR

CURRENT JOB DUTIES:

NEW OR EXPANDED THINGS THAT I WOULD LIKE TO ACCOMPLISH AT THE WORKSITE THIS SEMESTER (THESE ARE NOT YOUR OBJECTIVES, BUT CAN BE USED AS IDEAS FOR YOUR OBJECTIVES. SUBMIT YOUR OBJECTIVES SEPARATELY BY THE DUE DATE.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

