



CV District Career Fair 2018

Congratulations!

You have been selected to participate in the 2018 Centinela Valley District Career Fair. This letter provides tips on preparing for the career fair to ensure that you get the maximum benefit from attending the event.

The Basics of the Career Fair

- The goal of the Career Fair is to provide each student with skills that will help prepare them for entering the workplace.
- When you arrive at the Hawthorne Memorial Center, you will be welcomed and provided instructions about the event.
- There are four breakout sessions for students (3 for preparation, 1 with professionals)
- ***Social Media & The Work Place, Resume & Interview, Financial Literacy, Meet the Pros***
- Each student will receive a passport for the event that you will need to get a stamp from each session you attend.

Dress for Success!

- ***Wear clothes for a job interview*** – Attending the event will be over 30 business professionals from a diverse industry sectors.
- ***Boys*** – Dress pants, collared shirt, sports coat and tie (recommended). Dress shoes
- ***Girls*** – Wear business suit or skirt, collared shirt. Dress shoes

Make a Good First (and lasting) Impression

- Introduce yourself by looking each person in the eye, giving a firm handshake, and clearly stating your first and last name.
- Maximize your time with employers by meeting with at least ***three*** in the 20-minute session.

Be Engaged!

- Ask questions about their educational background, job duties & responsibilities, certifications needed to acquire their position, etc... Refer to the questions that will be on your passport for the event if you can't think of any questions right away
- Take initiative by approaching the employers, listen to any advice that employers may offer

Knowledge is King

- Each breakout session is designed to provide you with skills that will help you not only get a job, but to keep one as well. So do not just attend the sessions, PARTICIPATE in them.
- Enjoy!

CENTINELA VALLEY UNION HIGH SCHOOL DISTRICT
Lawndale HIGH SCHOOL
PARENT PERMISSION FOR EXCURSION

has my consent to go to

Hawthorne Memorial Center to build career awareness and preparation.

Wednesday February 7, 2018 from 8:00 am to 10:15 am

TEACHER IN CHARGE:

Section 35330 of the *California Education Code States in Part:*

All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the state of California for injury, accident illness, or death occurring during or by reason of the field trip or excursion. **I will not hold Centinela Valley Union High School District responsible in case of an accident while fulfilling the above engagement.**

Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgment in obtaining medical care deemed necessary and appropriate by the physician.

PARENT/GUARDIAN SIGNATURE: _____

The following EMERGENCY INFORMATION must be provided:

HOME ADDRESS:

HOME PHONE NUMBER:

PARENT/GUARDIAN FULL NAME:

PARENT/GUARDIAN EMERGENCY CONTACT PHONE NUMBER:

SECOND EMERGENCY CONTACT NAME:

SECOND EMERGENCY CONTACT PHONE NUMBER:

This section must be signed by all teachers of classes the student will miss while on the field trip. Failure to have this form completed before departure will disallow this student to attend the field trip.

Per.	Class	Teacher	Signature
1			
2			
3			
4			
5			
6			
7			
8			

CENTINELA VALLEY UNION HIGH SCHOOL DISTRICT
 ESCUELA PREPARATORIA Lawndale
PERMISO DE PADRES PARA IR DE EXCURSION

NOMBRE DEL ESTUDIANTE

Tiene mi consentimiento para ir Hawthorne Memorial Center para crear conciencia y preparacion professional el día **FECHA 7 de febrero HORA DE SALIDA 8:00 am a la HORA DE REGRESO 10:15 am**

MAESTRO ENCARGADO: Kendra Peterson

Sección 35330 del Código de Educación del Estado de California en Parte:

Todas las personas que participen en el paseo o excursión tendrán que liberar todos los cargos en contra del distrito o el Estado de California por lesión, enfermedad accidental o muerte ocurrida durante, o con motivo del paseo o excursión. No haré responsable al Distrito Escolar de Preparatorias del Valle de Centinela en caso de un accidente mientras se esté llevando cabo el compromiso anteriormente mencionado.

Si fuera necesario proporcionar atención médica para mi hijo/a mientras participa en este paseo, por medio de esta, autorizo al personal del distrito escolar de usar su juicio para obtener la atención médica que el doctor considere necesaria y apropiada.

FIRMA DE PADRE/TUTOR: _____

Se debe proporcionar la siguiente INFORMACION EN CASO DE EMERGENCIA:

DOMICILIO DE CASA:

TELEFONO DE CASA:

NOMBRE COMPLETO DE PADRE/TUTOR:

TELEFONO DE CONTACTO DE EMERGENCIA DEL PADRE/TUTOR:

NOMBRE DEL CONTACTO DE EMERGENCIA SECUNDARIO:

NUMERO DE TELEFONO DE CONTACTO DE EMERGENCIA SECUNDARIO:

Necesita la firma del maestro de la clase que va a faltar. Si no tiene la firma, no puede ir al paseo.

Per.	Clase	Maestro	Firma
1			
2			
3			
4			
5			
6			
7			
8			

**Centinela Valley Union High School District
WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION
IN VOLUNTARY ACTIVITY**

Student's Name:

School: Lawndale

Description of Activity: Career Awareness and Preparation with industry professionals

Date(s) of Activity: Wednesday February 7, 2018

By my signature below, I hereby give permission for my son/daughter to participate in the above described activity. I realize that this activity is voluntary and is not a mandated requirement of the Centinela Valley Union High School District curricular or extra-curricular program. The undersigned is specifically aware and confirms by executing this document that they are aware that participation in such an activity presents a risk of personal injury, bodily injury, property damage or wrongful death, and that the undersigned's child may injure himself or herself, or be injured by other participants related to the activity. The undersigned is specifically aware and acknowledges being aware of the risk that he or she may be hurt or injured by participating in any aspect of this activity.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District, its Board, or any of its officers, agents, servants, or employees for any of said causes of action. The foregoing waiver does not apply in the event of the sole negligence or willful misconduct of the District.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child, as states, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its Board, officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

Parent/Guardian Signature	Date	Student's Signature	Date
Parent/Guardian Name (Please Print)		Student's Name (Please Print)	
Street Address		City	State Zip
Home Telephone Number		Work Telephone Number	

**CENTINELA VALLEY UNION HIGH SCHOOL DISTRICT
 STUDENT PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP
 PARENTAL PERMISSION, ASSUMPTION OF RISK, AND
 MEDICAL TREATMENT AUTHORIZATION**

Date: February 7, 2018

Student's Name: _____ has permission to participate in the following field trip:

Destination/Nature of Activity: Hawthorne Memorial Center, career awareness and preparation

Special Instructions:

Departure Date: February 7, 2018 Time: 8:00 am Return Date: February 7, 2018 Return Time: 10:15 am

Person in Charge: Kendra Peterson Position: A.P. School: Lawndale

Type of Transportation: District Bus/Vehicle Walking Other:

Health or special needs: Check as appropriate.

<input type="checkbox"/>	My student has no special health needs the staff should be aware of, and no medication is required on the trip.
<input type="checkbox"/>	My student has a special need, and instructions are attached. Number of attached pages: _____
<input type="checkbox"/>	Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Centinela Valley Union High School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

 Signature (Parent/Guardian) (Please Print Name) Work Phone () _____ Home () _____

 Student's Date of Birth Student's Signature

Family Medical Insurance Carrier: _____ Policy Number: _____
 (e.g., Blue Cross)

In the event of an emergency, please contact:

 (Name) (Relationship) Work Phone () _____ Home () _____

**DISTRITO ESCOLAR CENTINELA VALLEY UNION HIGH SCHOOL DISTRICT
PARTICIPACIÓN ESTUDIANTIL EN EXCURSIÓN ESCOLAR VOLUNTARIA PATROCINADA POR
EL DISTRITO
PERMISO DE LOS PADRES, ASUNCIÓN DE RIESGO Y
AUTORIZACIÓN PARA ADMINISTRAR TRATAMIENTO MÉDICO**

Fecha 7 de febrero de 2018

Nombre del estudiante: _____ tiene permiso para participar en la siguiente excursión escolar:

Destino/Índole de la actividad: al Centro Commemorativo Hawthorne, feria de Carrera del distrito

Instrucciones especiales: ej., traer un saco de almuerzo, dinero para comprar un almuerzo, o la escuela proporcionara un almuerzo de saco

Salida Fecha: 7 de febrero de 2018 Hora: 8:00 am Fecha: 7 de febrero de 2018 Regreso Hora: 10:15 am

Persona a cargo: Kendra Peterson Puesto: Asistente Principal Escuela: Lawndale

Tipo de transporte: Vehículo/Autobús del distrito A pie Otro:

Salud o necesidades especiales: Favor de marcar donde corresponda.

<input type="checkbox"/>	Mi estudiante no tiene necesidades especiales de salud de las que el personal ha de tomar en cuenta y no será necesario administrar medicamentos durante la excursión.
<input type="checkbox"/>	Mi estudiante tiene una necesidad especial; se adjuntan instrucciones. Número de páginas adjuntas: _____
<input type="checkbox"/>	Otro: _____

En caso de enfermedad o lesión, por medio de la presente consiento a todo examen de rayos-x, anestesia, diagnosis o tratamiento médico, quirúrgico o dental, al igual que atención hospitalaria y transporte de emergencia que se considere necesario según el mejor criterio del médico, cirujano o dentista encargado y que se practique bajo la supervisión de un integrante del personal médico del hospital o instalación que administre los servicios médicos o dentales.

Plenamente entiendo que los participantes han de cumplir con todas las reglas y reglamentos que regulen la conducta durante la excursión.

Según lo dispuesto en la Sección 35330 del Código de Educación de California, acuerdo renunciar todo reclamo contra Centinela Valley Union High School District (Distrito) y de eximir al Distrito, sus funcionarios, agentes y empleados de cualquier y toda responsabilidad o reclamo que pueda surgir de o en conexión con la participación de mi hijo(a) en esta actividad. Esta renuncia no le corresponde a un incidente que pueda surgir únicamente a razón de la negligencia del Distrito, sus empleados o agentes.

Firma (padre/madre/guardián) (Favor de escribir el nombre en letra de molde)
Teléfono del trabajo () _____ Teléfono del hogar () _____

Fecha de nacimiento del estudiante _____ Firma del estudiante _____

Compañía de seguro médico familiar: _____ Número de póliza: _____
(ej., Blue Cross)

En caso de emergencia, favor de comunicarse con:

(Nombre) _____ Trabajo () _____ Hogar () _____
(Vínculo)

**South Bay Workforce Investment Board PHOTOGRAPHY CONSENT FORM/MODEL RELEASE/
MEDIA RELEASE**

I, *(print name)* _____, hereby grant permission to the South Bay Workforce Investment Board (SBWIB), its employees or representatives, to take and use: *(check all that apply:)*

- photographs/digital images
 - video
 - audio recording or quoted remarks
 - educational or other PowerPoint or presentation materials, of me and prepared by me, for use in promotional or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications.
- I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s).

I agree that the media

- may
- may not

contact me to speak with me regarding my involvement in SBWIB activities.

I authorize the use of these materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video and audio recordings shall be the property of SBWIB.

(Date)

(Signature of adult subject)

(Address)

(City, State, Zip)

RELEASE FOR MINOR CHILDREN *(Under 18)*

I, *(print name)* _____, parent or official guardian of
(child's name) _____ hereby grant permission to the SBWIB, its employees or representatives, to take and use:
(check all that apply:)

- photographs/digital images
 - video
 - audio recording or quoted remarks
- of **my child** for use in promotional or educational materials as follows:
- printed publications or materials
 - electronic publications or presentations
 - Web sites

I agree that my child's name and identity:

- may be revealed
- may **not be** revealed

in descriptive text or commentary in connection with the image(s).

I agree that the media

- may
- may not

contact my family to speak with my child regarding his/her involvement with SBWIB activities.

I authorize the use of these materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video or audio recordings shall be the property of SBWIB.

(Date)

(Date)

(Signature of Parent or Guardian)

(Signature of Witness for SBWIB)

(Address)

(City, State, Zip)