

# Internship Program Application

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

**E-mail:** \_\_\_\_\_

**Grade:**

**Are you working in a CTC Pathway? If so, which pathway?**

**Ag Weld Constr Business Fam/Cons Sci Medi Comp Sci**

**In a brief statement describe the internship experience you are proposing, including: name of company/organization, supervising adult, your post-high school goals and the connection to the work you will be engaged in, and what you hope to learn through this experience.**

[illegible]

**Return this packet completed with a business card/brochure of your internship supervisor to Mr. MacKenzie. Only completed applications will be reviewed.**

## Internship Contract

Cashmere High School's Internship Program is graded as pass/fail. Students must fulfill the following requirements to receive a passing grade and credit.

1. Complete the Internship Program Application the quarter prior to the internship placement.
2. Must be a student in good standing with a letter of recommendation from an administrator or teacher.
3. Must complete 60 hrs in an internship for  $\frac{1}{2}$  credit.
4. Submit signed time sheets and electronic reflection every other week to internship coordinator.
5. All signatures below must be signed in order shown on this page.

1.	_____	_____
	Guidance Counselor Signature	Date
2.	_____	_____
	CTC Director Signature (if applicable)	Date
3.	_____	_____
	Parent Signature	Date
4.	_____	_____
	Student Signature	Date
5.	_____	_____
	Principal's Signature	Date

## Parent Consent Form

Your student is interested in participating in the Cashmere High School Student Internship Program. In order for them to participate, complete this form along with all other documents and return it to the Guidance Office at CHS. If you have any questions, contact Mr. MacKenzie at [cmackenzie@cashmere.wednet.edu](mailto:cmackenzie@cashmere.wednet.edu)

1, \_\_\_\_\_ have read and agree with the  
(Parent/Guardian)

Internship requirements. I give my permission for

\_\_\_\_\_, to participate in the Cashmere High  
(Student)

School Student Internship Program at \_\_\_\_\_  
(Placement)

I understand that they will be using a personal vehicle to travel

to and from the location during school hours.

Parent/Guardian Signature: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_

Subscriber Number: \_\_\_\_\_

## CHS Internship Workplace Agreement

The Internship Program will work with the student and the Internship Supervisor to plan a meaningful and positive learning experience for the students. The plan should include the following information:

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

Student Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Ph. # \_\_\_\_\_

Work Site Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Work Site Address: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Email: \_\_\_\_\_

### Description of Internship:

Please list goals, duties and responsibilities that the intern will explore:

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Other comments or requirements:

## School Employer/Internship Agreement

This document serves as an agreement between Cashmere HS, the employer and the student intern

### Expectations for Interns:

- Submit completed Internship Program Application
- Sign in/out at the CHS Main Office
- Consistently attend and be on-time
- Dress appropriately
- Complete assigned work tasks
- Abide by company policies
- Display a courteous, cooperative attitude and willingness to work
- Contact your supervisor and Internship Coordinator to report Absence or tardiness
- Submit an electronic journal entry and time sheets every two weeks

### Expectations for Employer/Supervisor:

- Place student in a positive environment where 21<sup>st</sup> Century Workforce Skills are reinforced
- Provide necessary safety instructions & protective equipment
- Follow child labor laws
- Provide evidence of Workman's Compensation Insurance if it is a paid internship
- Sign student time sheets
- Sign student/employer agreement
- Maintain contact and discuss any questions or concerns with the Internship Coordinator

Employer Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Internship Coordinator Signature: \_\_\_\_\_

## **Assumption of Risk, Release of Liability and Hold Harmless Agreement**

### **Student Internship Program**

I have chosen to participate in the Student Internship Program ("Program") of the Cashmere School District. I understand that the purpose of the Assumption of Risk, Release of Liability and Hold Harmless Agreement ("Release") set forth herein is to protect the Cashmere School District and its governing board, agents and employees (collectively "Cashmere") from and against any and all liability which may arise from, or be related to, my participation in the Program.

I acknowledge and understand that there are certain dangers and risks inherent in travel and the activities included in the Program and that Cashmere cannot and does not assume responsibility for losses including, but not limited to, personal injuries or property damage arising therefrom. These risks may include losses regarding travel to and from a destination; the condition of facilities where the Program occurs; criminal activity; the defect of a vehicle or the negligence of Program service providers; sickness, weather, strikes, hostilities, wars, natural disasters, or other such causes; and any disruption of travel arrangements, or any additional expenses that may be incurred therefrom. I acknowledge and understand that Cashmere does not represent, or act as an agent for, the transportation carriers, facilities, or other suppliers of services in connection with the Program.

Knowing the dangers and risks of such activities, and in consideration of being permitted to participate in the Program, I, on behalf of myself, my family, heirs, and personal representative(s), agree to assume all risks and responsibilities surrounding my participation in the Program and release and forever discharge, waive, and covenant not to sue Cashmere from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any

nature whatsoever which I may have, or which may hereafter accrue to me, arising out of or related to my participation in the Program.

I agree to hold Cashmere harmless from and against any claim arising from participation in the Program. I further agree that this Release shall be governed and interpreted in accordance with the laws of the State of Rhode Island.

I hereby acknowledge that I have read and understand the terms of this Assumption of Risk, Release of Liability and Hold harmless Agreement and that my participation in the Internship Program is purely voluntary on my part.

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Printed name of Student

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Date

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Signature of Student

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Date

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Signature of Parent (not required if  
Student is over the age of eighteen)

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Date

