# INTERNSHIP OR MENTORSHIP STUDENT CHECKLIST

## Definitions

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| --- | --- |
| **Paid Internship:** | Full-time work for six weeks with supervisor (mentor) and access to a workstation. Paid for by WorkSource. Must involve on-the-job training. |
| **Unpaid Internship:** | Full-time work that provides on-the-job training and supervision (mentor) and access to a workstation. Period of employment as agreed upon - usually no less than two weeks. (90 hours may qualify individual for Opportunity Internship or State Needs Grant for college) |
| **Mentorship:** | Employer available to consult and advise a student about career decisions. Mentor may or may not be working in a field directly related to student’s field. Usually 2-4 meetings |

Complete the application. It will automatically be forwarded to your School-to-Work Coordinator. When notified by your Coordinator of your placement time and date, please do the following:

## Prior to Your Internship

|  |  |
| --- | --- |
|  | Fax a copy of your resume and school attendance records to the Education Placement Coordinator. |
|  | Call the business to arrange for a time to fill out an application and for the business interview |
|  | Sign the Internship Agreement and obtain parent or guardian signature and insurance information |
|  | Return the signed agreement to the STW Coordinator for signature. |
|  | Call the business to confirm time and date of the internship. |

## During Internship

|  |  |
| --- | --- |
|  | Take the Internship Agreement to the business for signature and return the signed document to the coordinator |
|  | If you are unable to attend, call the business and let them know you will not be able to attend. |
|  | If you are unable to attend, call the business 24 hours prior and let them know you will not be able to attend |
|  | Assure that your weekly timecard is filled out and turned in on time |

## Follow-up Procedures:

|  |  |
| --- | --- |
|  | Complete on-line the Student Evaluation form. |
|  | Write a thank-you to the business. |

# JOB SHADOW AGREEMENT

*Fill out all that apply*

|  |  |  |  |
| --- | --- | --- | --- |
| Student: |  | D.O.B. |  |
|  | Last First Initial |  | Mo. Day Year |
| Address: |  |  |  |
|  | Street |  | City, State Zip |
| Phone: |  |  |  |
|  | Home |  | Work |
| Parent/Guardian: |  | Phone: |  |
| School: |  | Coordinator: |  |
|  School Phone: |  | Phone: |  |
| Business Name: |  | Phone: |  |
| Contact Name: |  | Phone: |  |
| Address: |  |  |  |
|  | Street |  | City State Zip |
| Job Shadow: |  | Time/Date: |  |

## Why Job Shadow

Job Shadowing provides exposure and experience for future careers by utilizing the resources of the community and school. The School-to-Work (STW) Coordinator provides in-school instruction and on-the-job experience is provided by the business. The objectives of this program are to provide students with non-paid practical experience in a chosen career path, to determine what further education is needed and what job skills are required.

The purpose of this agreement is to list the responsibilities of each of the participants: the student, business, parent(s) or guardian(s) and the school district.

## The Student agrees to:

1. Be punctual and maintain a good attendance record.

2. Conform to conduct standards, rules and regulations of both the business and the school.

3. Be honest, courteous, responsible, cooperative and dress according to work requirements.

4. Discuss any concerns about this placement with the Coordinator.

5. Complete the Student Evaluation Form and return to the Coordinator.

6. Remember at the completion of the learning experience the student is not entitled to a job.

7. Read and sign the Parent/Guardian part of this Agreement if 18 years of age or older.

## The Business agrees to:

1. Provide appropriate job orientation including safety, conduct policies and procedures.

2. Provide an on-the-job supervisor to work with the student.

3. Notify the Coordinator if problems with the student arise.

4. Assure compliance with State and Federal guidelines and regulations regarding non-discrimination against any student on the basis of race, color, national origin, sex or handicap.

5. Complete and return the Student Evaluation Form at the completion of the learning experience.

6. Remember at the completion of the learning experience the business is not required to offer a job to the student.

7. Indemnify and hold harmless a sponsoring school, its officers, agents and employees from any and all claims, loss, actions, liability or costs including attorney fees and other costs of defense arising out of or in any way related to the student’s placement with the business. This indemnity does not extend to the negligence of the student, or to the sole negligence of the district.

## The Parent(s) or Guardian(s) agree to:

1. Communicate with the School-to-Work (STW) Coordinator if problems arise.

2. Accept responsibility for any negligent actions on the part of the student.

3. Provide proof of accident insurance for the student or purchase site accident insurance from the participating school district. If the parent or guardian does not wish to provide site accident insurance, they must sign a waiver before the student may participate in the program.

4. Provide transportation and assume all responsibility, accountability and liability for a student as he/she travels to and from the work site.

5. Authorize any emergency medical care and/or procedures deemed necessary.

6. Assume all related medical and/or emergency costs.

7. Indemnify and hold harmless the sponsoring school and the participating business, it’s officers, agents and employees from any and all claims, loss, actions, liability or costs including attorney’s fees and other costs of defense arising out of or in any way related to this program or placement.

8. Remember at the completion of the learning experience the student is not entitled to a job.

## The School District agrees to:

1. Provide in-school related instruction.

2. Designate a representative from each participating school to perform the duties of School-to-Work Coordinator. The School-to-Work Coordinator may be the Tech Prep District Coordinator or another person designated by the Tech Prep District Coordinator.

3. Evaluate the student progress and complete the School-to-Work Coordinator’s Evaluation Form for the student file.

4. Coordinate the necessary student release forms.

5. Make available for purchase by the student, parent or guardian site accident insurance for uninsured students.

6. Indemnify and hold harmless a sponsoring business, its officers, agents and employees from any and all claims, loss, actions, liability or costs including attorney fees and other costs of defense arising out of or in any way related to the student’s placement with the business. This indemnity does not extend to the negligence of the student, or to the sole negligence of the business.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student |  | Date |
|  |  |  |
| Parent or Guardian |  | Date |
|  |  |  |
| Business Date School-to-Work Coordinator |  | Date |

All parties involved indemnify and hold harmless the Mount Vernon Chamber of Commerce, its officers, agents and employees from any and all claims, loss, actions, liability or costs including attorney fees and other costs of defense arising out of or in any way related to the student’s placement with the business. This indemnity does not extend to the negligence of the student, or to the sole negligence of the district.

## PROOF OF INSURANCE

|  |  |  |  |
| --- | --- | --- | --- |
| Student: |  | D.O.B. |  |
|  | Last First Initial |  | Mo. Day Year |
| Address: |  |  |  |
|  | Street |  | City, State Zip |
| Phone: |  |  |  |
|  | Home |  | Work |
| Grade Level: |  | Sex: |  Male Female |
| Physician: |  | Phone: |  |
| Emergency: |  |  |  |
|  | Phone |  | Contact |
| Insurance: |  |  |  |
|  | Name |  | Number |

My son/daughter is covered by the insurance listed above and I will continue to keep it in force during the period he/she is involved in a job shadow, mentoring or internship program; therefore, I do not wish to enroll in the School Accident Coverage Plan. I accept full responsibility for the cost of treatment for any injury, which he/she may suffer while taking part in the program.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Parent or Guardian |  | Date |

## INSURANCE WAIVER

|  |  |  |  |
| --- | --- | --- | --- |
| Student: |  | D.O.B. |  |
|  | Last First Initial |  | Mo. Day Year |
| Address: |  |  |  |
|  | Street |  | City, State Zip |
| Phone: |  |  |  |
|  | Home |  | Work |
| Grade Level: |  | Sex: |  Male Female |
| Physician: |  | Phone: |  |
| Emergency: |  |  |  |
|  | Phone |  | Contact |
| Insurance: |  |  |  |
|  | Name |  | Number |

My son/daughter is not covered by private insurance and I do not wish to enroll in the School Accident Coverage Plan. I accept full responsibility for the cost of treatment for any injury, which he/she may suffer while taking part in a job shadow, mentor or internship program.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Parent or Guardian |  | Date |