

INTERNSHIP APPLICATION

Applying for: _____ 1st Semester Intern _____ 2nd Semester Intern (Check one or both) Application Date: _____

Applicant Information Section

Grade 11 12 (circle one)

Student Intern Name: _____ Student #: _____ Cell Phone #: _____

Home Address: _____ Age: _____ Birthdate: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Relationship: _____

Parent/Guardian Cell Phone #: _____ E-mail: _____

Career Interest Section

1. Career Goal: _____

2. CTE related class: _____

3. List the high school courses you have completed that relate to your career goal: _____

4. List any skills you may have that will help you with this internship experience _____

5. List company names, contact names and telephone numbers of potential mentors for your WBL internship.

Company Name	Contact Name	Telephone Number
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1. _____

2. _____

6. If you are currently employed, please fill in the information below.

Company Name	Job Title	Work Hours/Days	Duties/Skills

7. List your extracurricular activities: _____

Scheduling Section

Which period(s) are you applying for your internship experience? _____

Counselor Section

I have reviewed this application and acknowledge this student is currently meeting all graduation requirements.

Cumulative GPA: _____ Cumulative CPA: _____

Counselor's Signature: _____ Date : _____

I have prepared this application accurately and completely. If I am selected for this program, I will fully participate in the classroom and the internship experience.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

<i>For School use only</i>	
Accepted _____	Declined _____
Date Received _____	

Granite School District does not discriminate on the basis of race, color, religion, sex, age, national origin, or disability.

Internship Student Training Agreement

Student Intern	WBL Periods Assigned	Grade
Home Address	CCRP Career Goal/Field	Date of Birth
City, State, Zip	Cell Phone #	
Home Phone	E-mail Address	

(Worksite mentor to fill in box below)

Worksite (Company Name)	Beginning Date of Internship
Name of Worksite Mentor	Scheduled Hours/Days
Worksite Address Mailing Address if Different	Hours Per Week
City, State, Zip	E-mail address
Phone #	

WBL activities are to be defined and agreed upon using the student Skills Grid.

Responsibilities of Student Intern, Mentor, Parent/Guardian, and WBL Coordinator

Student intern will:

- (1) Strive to develop good work habits.
- (2) Maintain a high level of performance at school and at the work site.
- (3) Maintain 90% attendance at the work site.
- (4) Maintain a grade of "B" or higher in the class related to the work-based experience.
- (5) Submit work records to WBL Coordinator on or before each due date.
- (6) Consult the WBL Coordinator about any problems.
- (7) Be at the work site during periods assigned for Work-Based Learning.
- (8) Maintain confidentiality as required of company employees.

Student Intern's Signature _____
Date

Mentor will:

- (1) Assume responsibility for meaningful training and a safe workplace.
- (2) Consult the school coordinator/teacher regarding problems related to the work experience, and contact the school coordinator promptly before considering suspension, transfer, or termination.
- (3) Meet with school personnel to provide evaluation of the student intern's work.
- (4) Have a licensed established business and conform to all State and Federal labor laws.
- (5) Schedule the student intern on each school day enrolled during the periods assigned to WBL.
- (6) Verify that the attendance records are accurate.
- (7) Not transport the student in a one-on-one situation.
- (8) Not discriminate on the basis of race, color, religion, sex, age, national origin, or disability.

Worksite Mentor's Signature _____
Date

Parent/guardian will:

- (1) Support the student's participation in the Work-Based Learning program.
- (2) Assume responsibility for transportation as needed.
- (3) Communicate about concerns with the internship site through the school WBL Coordinator below.

Parent/Guardian's Signature _____
Date

Work-Based Learning Coordinator will:

- (1) Ensure there is related instruction and serve as a consultant to all parties concerned with the Training Agreement.
- (2) Determine the amount of credit and the grade the student intern will receive.
- (3) Ensure that regular contact is made with the student intern's worksite mentor.
- (4) Ensure that a written evaluation is obtained from worksite mentor each term.
- (5) Ensure that the student is covered under the district Worker's Compensation.

WBL Coordinator's Signature _____
Date

INTERNSHIP HARASSMENT/SAFETY TRAINING

I, _____
(Print your name)

a student in the Workplace Skills/CTE Internship at _____ High School, have received training on (initial the appropriate boxes):

- Labor Laws, including FLSA Child Labor Laws
- Sexual Harassment
- Worker's Compensation
- Office Safety

Student Intern's Signature

Date

Work-Based Learning Coordinator's Signature

Date

CONFIDENTIALITY AGREEMENT

As a student intern placed in an internship, I understand that I may have access to confidential information/data, which may include, but is not limited to, information/data relating to:

- Customers (such as records, conversations, financial information, etc.).
- Employees (such as wages, employment records, disciplinary actions, etc.).
- General or private information (such as financial and statistical records, internal reports, memos, communications, access codes, proprietary technology, etc.).

Accordingly, and as a condition of my participation as a student intern, I promise that:

1. I will use confidential information/data only as needed by me to perform my legitimate duties as a student intern. This means, among other things, that:
 - A. I will not access confidential information which I have no legitimate need to know.
 - B. I will not in any way divulge, copy, release, sell, loan, revise, alter, or destroy any confidential information/data except as properly authorized.
 - C. I will not misuse confidential information/data or deal carelessly with confidential information/data.
2. I understand that my obligations under this agreement will continue after termination of my status as a student intern.
3. I will be responsible for my misuse or wrongful disclosure of confidential information/data, and for my failure to safeguard my access code or other information. I understand that my failure to comply with this agreement will result in the termination of my internship arrangement, and may also result in legal liability and other consequences.

AT ALL TIMES DURING MY INTERNSHIP, I WILL ACT IN THE BEST INTERESTS OF THE BUSINESS WHERE I AM PARTICIPATING.

Student Intern Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Internship Student Training Agreement

I am aware of the issues involved in participating in a Work-Based Learning experience. I have received instruction in the areas listed below and agree to follow identified guidelines.

- 1. **TRANSPORTATION—I will:**
 - a. Wear a seatbelt.
 - b. Drive directly to and from the site.
 - c. Obey all traffic laws.

- 2. **ACCIDENT/INJURY—I will:**
 - a. Contact worksite mentor and Work-Based Learning Coordinator in case of accident or injury.
 - b. Use procedures for district Worker’s Compensation (unpaid experience).
 - c. Use procedures for employer’s Worker’s Compensation (paid experience).

- 3. **SEXUAL HARASSMENT—I will:**
 - a. Contact the worksite mentor and Work-Based Learning Coordinator in case of a harassment incident.
 - b. Not participate in sexual harassment of co-workers or customers.

- 4. **STANDARD OF CONDUCT—I will:**
 - a. Contact worksite mentor if I will be absent from work.
 - b. Wear appropriate clothing
 - c. Follow policies and procedures of the worksite.
 - d. Maintain policies for confidentiality.

- 5. **SAFETY GUIDELINES—I will:**
 - a. Contact worksite mentor and Work-Based Learning Coordinator with any concerns.
 - b. Request safety training from my worksite mentor.
 - c. Wear appropriate safety clothing/equipment.
 - d. Follow safety procedures.

- 6. **DISCRIMINATION—I will:**
 - a. Contact worksite mentor and Work-Based Learning Coordinator if I feel discriminated against on the basis of gender, ethnicity, language, religion, or disability.
 - b. Not participate in discrimination against others.

- 7. **INTERNET—I will:**
 - a. Follow district and business rules and guidelines for Internet access at the internship site.
 - b. Be immediately terminated and receive no credit for the internship if I break Internet rules.

- 8. **GENERAL—I will:**
 - a. Attend and participate in required classes.
 - b. Track hours on the time sheet and turn in when due.
 - c. Maintain required GPA (3.0) and attendance requirements.

Student Intern Signature _____ Date _____

WBL Coordinator Signature _____ Date _____

GRANITE SCHOOL DISTRICT WORK-BASED LEARNING

STUDENT INTERN COMMITMENT

Check one: Internship Apprenticeship Clinical Cooperative Work Experience

Student Intern Name: _____ Student Intern #: _____

Worksite Name: _____ Worksite Mentor: _____

Days Scheduled: _____ Hours of Day: _____

I AGREE TO ALL OF THE FOLLOWING:

1. To understand how my roles and responsibilities contribute to the success of the worksite and the total organization.
2. To notify my worksite mentor prior to my absence.
3. To regularly attend and be on time at my assigned worksite.
4. To conform to the standards (dress, grooming, conduct, etc.) of the worksite.
5. To make every effort to do my best at the worksite.
6. To follow worksite policies and procedures regarding confidentiality.
7. To consult with my Work-Based Learning Coordinator on a regular basis regarding my work-based experiences. (I understand that poor attendance or termination without notifying the Work-Based Learning Coordinator will result in a failing grade. A failing grade is not negotiable.)
8. To complete and submit required forms and assignments at the designated times and participate in required activities.
9. To be successful in the related class(es).
10. To notify my Work-Based Learning Coordinator if any problems or concerns arise regarding my internship (e.g. safety, sexual harassment, etc.).
11. To notify my Work-Based Learning Coordinator and parent should an accident or illness cause me to miss a day at the worksite.
12. To inform parent(s) or guardian(s) of any changes in the Work-Based Learning Agreement.
13. To hold a valid driver's license and be insured with at least the state-required minimum insurance if I am driving to the worksite.

Student Intern's
Signature: _____

Parent/Guardian's
Signature: _____

Date: _____

Date: _____

GRANITE SCHOOL DISTRICT

WORK-BASED LEARNING

TRANSPORTATION FORM

Intern Name (Please print legibly)

Neither the district nor the school is responsible for student transportation to and from the internship worksite. The student's parent or guardian has sole responsibility for providing the student with transportation to and from the internship worksite.

Signature of Parent/Guardian

Date

Granite School District does not discriminate on the basis of race, color, religion, sex, age, national origin, or disability.

Utah State Office of Education
Career and Technical Education Section
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Please print:

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

High School: _____

Signature of Student

Date

Signature of Parent or Guardian
(Required if student is under 18 years of age.)

Date

Utah State Office of Education 250 East 500 South P.O. Box 144200 Salt Lake City, UT 84114-4200

Return form to Susan Thomas
susan.thomas@schools.utah.gov
Phone: 801-538-7707 Fax: 801-538-7868