



## Futures Internship Program Parent Consent Form

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

I give my child permission to participate in the Futures Internship Program.

I have discussed the internship program with my child and I am aware of all program requirements. I understand that St Joseph High School will not provide transportation to the internship site and that it is the student's responsibility to coordinate transportation. I am aware that successful completion of the internship program is a graduation requirement for participating seniors.

I am aware that my child will be matched with an unpaid internship with an organization unaffiliated with St Joseph High School or the Diocese of Bridgeport. I acknowledge that my child may be interning in a location where Virtus training or background checks according to the Diocese of Bridgeport's Safe Environments protocols are not required.

By signing this form, I acknowledge and give permission to my child to participate in the Futures Internship Program and do hereby forever release, discharge, forgive and hold harmless St Joseph High School, its employees, its directors, its representatives, its agents, its insurers, its affiliated organizations, including but not limited to the Bridgeport Roman Catholic Diocesan Corporation from any and all claims suits, actions, causes of action, damages, demands or liabilities, including known or unknown claims, now existing or hereafter arising, in law, equity or otherwise, that might directly or indirectly result from participation in this program.

If you have any questions, please contact Cristin Clark, Internship Coordinator at  
[cclark@sjcadets.org](mailto:cclark@sjcadets.org).

Parent Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Parent Email \_\_\_\_\_

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

For more information about the Futures Internship Program, please visit:

<https://www.sjcadets.org/futures>