

Student Name: _____

Place of Internship: _____

Month & Year: _____



2023-2024

**INTERNSHIP
AGREEMENT PACKET**

Parents/Students/Advisor/Mentor



- ◆ **Parents & Students** Complete and sign sections 1-6
- ◆ **Mentors** Complete and sign sections 7-8
- ◆ **Advisors** Complete below & sign sections 5 & 9

◆ **School Information**

School: **Two Rivers High School**

Program: **Mondays and/or Wednesdays – Learning Through Interests/Internship (LTI)**

LTI Coordinator: **Chrissy Riley – Learning Through Interest/Internship Coordinator (LTIC)**

Address: **8651 Meadowbrook Way SE, BLDG. 4000, Snoqualmie, WA 98065**

Coordinator Email: rileyc@svsd410.org

Coordinator Phone: **Main (425)-831-4200 | Chrissy’s Direct (425) 831-8117**

Advisor Name: _____

Advisor Email: _____

Advisor Phone: _____

Advisor Cell Phone: _____

Other Information: _____

◆ **Advisors please return the completed packet to Chrissy Riley.
All Participants will receive a copy of the completed signed packet**



◆ Section 1: Student & Parent/Guardian Information

Student Information

Student Full Name: _____

Grade/Age: _____

Cell: _____

Email: _____

Parent/Guardian Information

Parent/Guardian #1

Parent/Guardian Full Name: _____

Cell/Business Phone: _____

Email: _____

Parent/Guardian #2

Parent/Guardian Full Name: _____

Cell/Business Phone: _____

Email: _____

◆ Section 2: Assurance of Insurance – Hold Harmless Agreement

The Parent/Guardian and the Student understand that even thorough this is a non-paid position, the Student will perform functions which may involve risk or injury as if s/he were a paid employee.

I recognize that in case of injury to my child, the cost of treatment is my responsibility and not the responsibility of the Snoqualmie Valley School District (SVSD). I also recognize that SVSD does no carry primary medical insurance for such injuries and is not responsible for any costs relating to treatment. I understand that I am responsible for providing adequate medical coverage in the event my child is injured while participating in the Learning Through Interest/Internship Program. I will notify the LTI Coordinator immediately if there is a change in medical coverage during my child’s participation in the LTI Program.

Please check the appropriate statement below:

- YES, I have adequate insurance coverage.
- NO, I don’t have insurance, but will still be responsible for the cost of any and all treatment my child may require as a result of participating in the LTI Program. I understand that it is not the responsibility of SVSD if I choose not to have insurance coverage for my child.

◆ Section 3: Injury Risk – Parent/Guardian Informed Consent

I acknowledge SVSD and the work site will strive to ensure the safety of my child while participating in the LTI Program, but there are certain inherent risks involved that may be unavoidable and that could result in bodily injury or property damage to my child or to others. I acknowledge that my child is responsible for following the directions of their advisor, LTI coordinator, mentor, work site supervisor as well as all safety guidelines in place at the job site and that my child's failure to follow such directions or adhere to such standards may place my child at risk. I am fully aware of the special risks and/or dangers inherent in my child's participation in this program and that it is in a true working environment rather than a school environment.



◆ Section 4: Consent to Treatment

In the event of illness or accident, I understand reasonable efforts will be made to immediately contact my child's parent/guardian or emergency contact. If I am not available, I authorize SVSD or the work site mentor, including Internship site employees, to secure emergency medical care as needed for my child on my behalf. This includes all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for my child if I cannot be reached in the case of an emergency. I agree to be responsible for the cost of any medical services and to reimburse SVSD or the Internship work site for medical expenses they incur on behalf of my child.

Special medical conditions that the work site should be aware of, and conditions that might restrict or prevent my child from participating in scheduled Worksite Learning Program activities

Treatment Restrictions/Allergies/Medications

◆ Section 5: Transportation Acknowledgment & Plan

I acknowledge that transportation to and from the internship site for my child during his/her participation is my responsibility.

I acknowledge that SVSD is not responsible for providing transportation as part of the LTI Program and will not assume responsibility nor liability for any accident or injury involving my child, in any way, on account of - or while engaged in - travel to or from the Internship site.

Please write out the transportation plan for your child to and from his/her internship site:
(Example: They will take the metro bus, we will drop off and pick up, etc.)

◆ Internship Days & Hours

Place of Business: _____

Dates of Internship: _____ to _____
Start End

WEEKDAY	START TIME	LUNCH	END TIME
MONDAYS			
WEDNESDAYS			



◆ **Section 6: Student & Parent/Guardian Responsibilities**

Having carefully read and completed this Internship Learning Agreement, the Student & Parent/Guardian agree to accept the following responsibilities.

1. Comply with all school and job attendance requirements and notify the School and worksite Supervisor prior to any absence.
2. Show honesty, a cooperative attitude, proper grooming/dress, willingness to learn, seek feedback from your supervisor, try your best and be on time.
3. Familiarize yourself and adhere to all rules, safety guidelines, regulations, policies, and procedures of the Internship Site, including any confidentiality requirements.
4. Accurately document all intern hours, through ImBlaze or as required by your Advisor.
5. Consult with your LTIC and work site supervisor about any problems in a timely manner.
6. Report to your work site supervisor, or whomever your mentor has designated as your check in person, once you arrive at the job site.
7. Report on-the-job accidents or illnesses to your work site supervisor and LTIC immediately and complete appropriate forms.
8. Complete all required forms.
9. Follow Two River’s drug, tobacco, vaping, alcohol and weapons policy
10. Report changes of work schedule, supervision, problems or concerns about the worksite to the LTIC.
11. Follow through on commitments, be observant of how others work and respond to situations, communicate to your mentor and advisor consistently and in a professional manner.
12. Be fair, considerate, honest, trustworthy and cooperative when dealing with coworkers and customers.
13. Follow your transportation plan and be mindful of pick up times. Mentors do not want to “wait” for you to be picked up after work hours.
14. Parent/Guardian and Student understand that Student is not entitled to wages or other compensation and is not entitled to a job at the completion of the internship experience.
15. Parent/Guardian and Student understand that failure to comply with the LTI Program rules, jobs site or school policies may result in Student’s removal from this program.

I understand and accept the statements made and information provided in section 1-6 of this agreement.

Student Signature

Date

I understand and accept the statements made and information provided in section 1-6 of this agreement.
I hereby give consent for my child to participate in the Learning Through Interest/Internship Program

Parent/Guardian Signature

Date



◆ **Section 7: Internship Information**

Company Name: _____

Mentor Full Name: _____

Mentor Full Title: _____

Mentor Email: _____

Primary Phone: _____

Business Address: _____

City/State/Zip: _____

Mailing Address: (if different) _____

Alt. Contact: _____

Alt. Contact Title: _____

Alt. Contact Email: _____

Company Website: _____

Does your company have general insurance coverage? YES NO

◆ **Section 8: Internship Worksite Supervisor Responsibilities**

Having carefully read and completed this agreement _____ (Company Name)
and the Worksite Supervisor(s) agree to accept the following responsibilities:

1. Conform to all federal and state laws prohibiting discrimination based on race, color, national origin, creed, sex, sexual orientation/gender identity, or disability.
2. Provide job specific orientation and job specific training to Student, including safety training, and document Student’s completion of such training.
3. Provide a safe working environment and promptly report any accidents or injuries involving students.
4. Oversee Student while on business premises and identify to Student other designated employees to whom Student may report.
5. Ensure a health/safety plan is in place for students that have a pre-existing medical condition listed by parents/guardians in Section 4. Precautions for such should be shared with related employees who might be working with students. Remember students can’t ride in cars/ vehicles at Internship.
6. Evaluate Student’s performance and consult with the student’s Advisor concerning Student’s progress.
7. Comply with all state Work Based Learning Standards, including WAC 392-410-315 and the policies set forth in the Office of the Superintendent of Public Instruction’s Worksite Learning Manual.
8. Complete the School’s Background Check Form prior to the internship. If that has not been done, contact Chrissy. All mentors are background checked before the start of an internship. (Any adult that is ‘behind closed doors,’ be it personnel and/or unaccompanied, 1:1 work situation, those employees must also complete the background check)
9. Discuss the performance, actions, or any other information regarding the Student only with the advisor and LTIC, Student’s school counselor, or Student’s principal pursuant to District policies regarding the confidentiality of student information as mandated by The Family Educational Rights and Privacy Act, 34 C.F.R. Part 99 (FERPA).
10. Ensure that Student is not displacing regular employees per the Fair Labor Standards Act (FLSA) and that Student’s unpaid volunteer work will in no way violate any collective bargaining agreement between the Learning Site and regularly scheduled employees.

I understand and accept the statements made in section 7 & 8 of this agreement.

Mentor/Supervisor Signature

Date



◆ **Section 9: Acknowledgement of Documents**

We acknowledge the packet is complete, documents are in place and the student may start their internship at said business.

Advisor Signature

Date

LTCl Signature

Date