

# CONTRACT



By signing this contract, you are committed to program placement, mentor schedule requirements and assigned work. In order to maintain our relationship with community mentors, **once the application is submitted and your interview with the Career Internship Coordinator is complete, withdrawal from this program will result in a U (Unsatisfactory) on your school transcript.** Emergency circumstances will be considered by program administrators. Please submit the contract to Mrs. Keller.

**Note:** This program requires a great deal of dedication and motivation from students who want to take an accredited course set by NYS requirements during the summer. Students must complete coursework in addition to onsite hours with a mentor to earn course credit. Alternate career exploration programs are also available.

## RESPONSIBILITIES

### Student Intern

- Arrange schedule with community mentor
- Complete pre-internship assignments
- Adhere to mentor COVID-19 policy
- Provide own transportation
- Keep all information in strict confidence
- Comply with student code of conduct
- Maintain a professional appearance and manner
- Maintain a responsible and consistent schedule
- Complete required hours (Minimum of 40 hours)
- Ensure hours are no more than 8 hrs/day and do not exceed 6 days/week
- NYS accredited coursework due by first day of school:
  - Written log and timesheet of activities
  - SCANS Skills Sheet
  - Mentor Thank You Note
  - Summary Portfolio Page
- Credit is based on completion of hours and required coursework

### Community Mentor

- Jointly establish goals and objectives of the internship
- Act as a mentor to the intern by sharing expertise
- Provide a safe working environment
- Ensure intern provides their own transportation and cannot be transported on or off site with mentor
- Define areas of confidentiality with the intern
- Determine a mutually agreeable work schedule. Ensure intern is not working more than 8 hrs/day and does not exceed 6 days/week
- Complete a brief evaluation of the intern
- Contact Internship Department immediately with any intern issues

### Career Internship Department

- Coordinate search for specific career setting
- Monitor and share in internship experience
- Address and resolve any intern issues
- Award credit after satisfactory completion
- Provide letter documenting internship for college and/or job applications

### Supervising Parent/Guardian

**Parent/guardian involvement and supervision is required.** I have read and understand this contract and consent to my child's involvement in this program. I understand that I will serve as the supervising parent/guardian responsible for the following:

- Enforce all student responsibilities, assignments, and deadlines.
- Provide summer schedule availability that needs to be flexible around mentor availability.
- Provide transportation for internship responsibilities.

\_\_\_\_\_  
Signature of Supervising Parent/Guardian

\_\_\_\_\_  
Date

### Intern

I agree to the terms of this contract as stated above and have been advised that failure to meet these requirements will result in a U on my transcript.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

(Please see reverse)

**INSURANCE**

Students participating in the Career Internship Program will be covered by the District's Blue Cross & Blue Shield School Accident Policy for accidental injury suffered while at the internship site and traveling to and from the internship site. The school accident policy provides coverage after exhaustion of all other coverage afforded the student under any other policy of medical insurance.

**MEDICAL INFORMATION FORM**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Special Health Concerns: (e.g. asthma, diabetes, etc.) \_\_\_\_\_

Allergies (food, medication, latex, etc.) \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance Number: \_\_\_\_\_  
*Optional* *Optional*

Parent's Name: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**In the event of an emergency, I give my permission for medical treatment.**

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

\_\_\_\_\_  
Student Signature Date

**PARENT/GUARDIAN RELEASE FORM**

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

**PROMOTIONAL USE:**

Photographs, videos and testimonies of students are sometimes taken to use for promotional purposes. Occasionally, photos may be shared with the public through, for example, newspaper or television outlets, newsletters, web sites and other communications.

I **agree** that it is **ok** for my child's likeness or experiences to be used for promotional purposes.

I **do not** want my child's likeness or experiences used for promotional purposes.

\_\_\_\_\_  
Parent/Guardian Signature Date