

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

Place of Internship: \_\_\_\_\_

Month & Year: \_\_\_\_\_



**2024-2025**

**INTERNSHIP  
AGREEMENT PACKET**

Parents/Students/Advisor/Mentor



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

◆ School Information

School: **Two Rivers Big Picture High School**

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

LTI Coordinator: **Chrissy Riley –Internship Coordinator (LTI Coordinator)**

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

Coordinator Email: [rileyc@svsd410.org](mailto:rileyc@svsd410.org)

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

**Advisor Name:** \_\_\_\_\_

**Advisor Email:** \_\_\_\_\_

**Advisor Phone/Cell:** \_\_\_\_\_

◆ Internship Days & Hours

Place of Business: \_\_\_\_\_

Dates of Internship: \_\_\_\_\_ to \_\_\_\_\_  
Start End

WEEKDAY	START TIME	LUNCH	END TIME
MONDAYS			
WEDNESDAYS			

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



**◆ Section 1: Student & Parent/Guardian Information**

**Student Information**

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

Grade/Age: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Full Name: \_\_\_\_\_

Cell/Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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 though 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 not 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 & 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 walk, bike, ride the metro/ SVT, or we will drop off and pick up, etc.)*

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**Signatures:**

I understand and accept the statements made and information provided in section 1-5 of this agreement.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

I understand and accept the statements made and information provided in section 1-5 of this agreement.  
I hereby give consent for my child to participate in the Learning Through Interest/Internship Program

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



◆ **Section 6: 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 7: 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. 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)
8. 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).
9. 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 6 & 7 of this agreement.

**Mentor Signature**

**Date**



◆ **Section 8: 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**

\_\_\_\_\_  
**Internship Coordinator Signature**

\_\_\_\_\_  
**Date**