



Rush-Henrietta Career Internship Program

Application

Name _____ Date _____ Grade _____

Mailing Address _____

Parent/Guardian Name _____ Work Phone _____

Parent/Guardian Name _____ Work Phone _____

Home Phone _____ Student email address _____

Home Base Teacher _____ Counselor _____

Career Interest _____

Do you have an early dismissal? _____ What days? _____

Do you have any after-school commitments? Please explain.

Do you have a friend or relative in this career field? Please explain.

Why you want to do an internship in this area? Describe your interest in this career field.

List courses you have taken or experiences in your life which will be helpful in this internship.

CAREER INTERNSHIP
RESEARCH WORKSHEET

NAME _____ Grade _____

Desired occupation for the internship _____

Instructions:

- a. Please complete this worksheet and return it with your application form. **You must use reference materials to answer these questions.** These could include the Occupational Outlook Handbook, Choices software, websites or books on specific careers available in the College & Career Center or in the library.
- b. **List the references you used at the bottom of this form.**

1. What education and/or training is necessary for this career?

2. What are the duties or typical work tasks associated with this job?

3. What is the salary range? _____

4. What is the outlook for availability for this job? (increasing/decreasing/stable)

5. If a college education is necessary, what major would best prepare you for this career?

6. Name 3 colleges or universities that offer this major.

Source(s) used: _____



Rush-Henrietta Career Internship Program

AGREEMENT

Student Intern Name

Principal's Signature

Community Organization

Community Internship Advisor's Signature

Internship Coordinator's Signature

Counselor's Signature

Internship Dates/Semester

GOALS

- Help students clarify their career goals and attitudes toward career planning through practical hands-on work experience
- Increase students' understanding of the knowledge and skills required to succeed in a given career

EXPECTATIONS

Student Intern:

- Arrange planning interview with Community Internship Advisor
- Maintain a journal of the learning experience
- Submit bi-weekly progress reports/time sheets to the Internship Coordinator
- Provide own transportation
- Plan for a required minimum of 54 hours of work time
- Maintain a professional appearance and manner
- Maintain a responsible and regular schedule, while continuing current class schedule
- Keep all job-related information in strict confidence
- Create a final project and display illustrating the learning experience
- Attend Employer Recognition Breakfast held in May

Community Internship Advisor:

- Jointly establish goals and objectives of the internship with the student intern
- Determine a mutually agreeable work schedule
- Define any areas of confidentiality with the student intern
- Act as a mentor to the intern by sharing expertise
- Provide a safe working environment
- Complete intern assessment form at the midpoint and at the completion of the internship
- Sign bi-weekly report/time sheet to verify hours worked
- Invited to recognition event

Counselor:

- Counsel the intern by sharing expertise and answering questions
- Assist with scheduling and attendance
- Award transcript credit upon completion of internship

Career Internship Coordinator:

- Coordinate search for specific career setting
- Monitor and share in internship experience
- Arrange for credit to be awarded after satisfactory completion
- Provide letter documenting internship for college or job applications

CREDIT

Students who satisfactorily complete their internship will receive a written evaluation and an appropriate amount of school credit.

INSURANCE

Students participating in the Career Internship Program will be covered by the district’s accident policy for accidental injury suffered while at the internship site and traveling to and from the site. The school accident policy provides coverage after exhaustion of all other coverage afforded the student under any other policy of medical insurance. The following identifies the family’s insurance coverage:

Insurance Carrier:
Identification #: _____
Preferred Hospital: _____

TRANSPORTATION

All students in the Career Internship Program must arrange their own transportation and must have a written parental approval on file with the school.

Intern’s mode of transportation:
If traveling by car, who is the driver? _____

If the student will be driving, please complete the form on page 4.

I agree to the terms of this agreement as stated above:

Student Intern Signature

I acknowledge and approve of my child’s involvement and commitment to this program.
I have read and understand this agreement and consent to my child’s participation in the program.
I also certify that the medical insurance specified above is in full force and effect.

Parent/Guardian Signature

Date

Copies: Student, Community Advisor, Counselor, Internship Coordinator