

Student Intern Responsibilities/Checklist

- ✓ Submit resume and cover letter of interest to Ms. Aspen
- ✓ Fill out and sign Internship Agreement and Internship Application
- ✓ Develop a work schedule to include a minimum of 4 hours per week (for 0.5 credit) or a minimum of 8 hours per week (for 1.0 credit)
- ✓ Weekly journal
 - 10 minutes of weekly journaling to be completed outside of scheduled work time
 - Journal how you want! Get creative! 😊 Type it as a blog, get a notebook, etc.
 - Example Topics
 - Duties performed/tasks learned
 - Progress toward learning goals
 - Accomplishments/achievements
 - Issues or problems encountered and how you dealt with them
- ✓ Fill out timecard Days/hours worked-to be initialed by supervisor
- ✓ Midterm self-evaluation: refer to learning goals
- ✓ Midterm evaluation from supervisor to Ms. Aspen (phone call or email)
 - 406-324-2483
- ✓ Complete Final self-evaluation: refer to learning goals
- ✓ Final evaluation from supervisor to Ms. Aspen
- ✓ Final presentation---discuss options with Ms. Aspen
 - 1 page paper or class presentation
- ✓ Write a thank you letter to Internship Provider within two weeks of completion of Internship

Student will receive a pass/fail grade based on completed requirements and intern site supervisor evaluations and feedback. **If student fails to meet above requirements, she/he may be removed from the Internship Program with no credit.

Student Signature: _____ Date: _____

Capital High School Internship Agreement

Employer: _____

Student: _____

Supervisor/Title: _____

Intern position: _____

Address: _____

Grade: _____

Phone: _____

Phone: _____

E-mail: _____

Scheduled work days: _____

Compensation: Paid

Scheduled work hours: _____

Unpaid

Credit attempted .5 1

Begin Date: _____

End Date: _____

Worker's Compensation: Covered by School Dist. #1

As a condition for participation in the CHS Internship Program, each of the following parties must agree to the stated responsibilities:

Student/Intern:

1. Meet with CHS Internship Coordinator to discuss responsibilities, legal issues, and learning components of the internship.
2. Work with the HHS Internship Coordinator and/or supervisor to develop specific learning objectives.
3. Participate in orientation; follow all policies and procedures of organization
 - a. Report for work at scheduled time
 - b. Notify supervisor if you are ill or will be late
 - c. Be professional in dress, language and behavior
 - d. Follow the principals of confidentiality and ethical principals of conduct
4. Complete all requirements as outlined by HHS Internship Program.
5. Arrange own transportation to and from work site.
6. Notify Internship Coordinator and/or supervisor immediately if any concerns arise.

Intern/Parent/Guardian:

1. Carry accident and hospitalization insurance to cover student during internship.
2. Helena School District #1 and intern organization have no liability coverage for personal injury or property damage for your use of your personal vehicle. You understand and agree to rely solely on your personal vehicle insurance coverage.
3. Guarantee that you shall indemnify, defend and hold harmless Helena School District #1, the intern organization and any of its employees or agents from any liability, expenses, costs (including attorney fees), damages and/or losses arising out of or in any connection with this internship program which are not the result of fraud, willful injury to a person or property, or the willful or negligent violation of a law.

Internship Provider:

1. Meet with the CHS Internship Coordinator to discuss responsibilities, legal issues, and learning components of internship.
2. Provide intern with an orientation concerning relevant policies and procedures and job description.
3. Work with intern to develop learning objectives and provide assistance and training to help student meet their objectives.
4. Allow at least two site visits by HHS Internship Coordinator, and participate in visitation, if requested.
5. Complete and discuss two evaluations with intern during specified time periods.
6. Notify HHS Internship Coordinator immediately if any concerns arise.

CHS/Internship Coordinator:

1. Meet with Student/Intern and Internship Provider to discuss responsibilities, legal issues, and learning components of internship.
2. Assist intern and internship provider to design appropriate learning objectives.
3. Monitor the internship, which may include a site visit.
4. Be available for consult and advice for intern and internship provider.
5. Assign the student a pass/fail grade based upon completion of academic requirements and evaluations.

Intern/Student: I have read and fully understand my internship role and responsibilities as stated in this agreement.

Signature: _____ Date: _____

Parent/Guardian: I have read and fully understand my internship role and responsibilities as stated in this agreement.

Signature: _____ Date: _____

Internship Provider: I have read and agree to abide by the stated guidelines noted in this agreement.

Signature: _____ Date: _____

CHS/Internship Coordinator: I have discussed the *Internship Provider Responsibilities* and the *Intern/Student Responsibilities* with the above parties. I will work with both parties to ensure that the goals & objectives of this internship are met.

Signature: _____ Date: _____

Capital High School Internship Application

Name: _____

Grade: _____ Current GPA: _____

Approximately how many days of school did you miss last semester? _____

Do you have a discipline record? No Yes

If yes, please explain: _____

Have you ever applied for a position/internship with us before? _____

If yes, when? _____

Classes/training you have had that relate to the internship you are applying for:

Learning Goals:

1)

2)

3)

Please explain why you would be a good candidate for the internship position you are applying for:

List two references and obtain recommendations (at least one must be school personnel):

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: () _____

Phone: () _____

I attest that the information contained in this application is true to the best of my knowledge and any information found to be false could result in my not being hired or terminated from my position. I further understand that the Internship Coordinator will periodically check my grades and attendance at the work place and school. Failure to keep grades up, attend or comply could result in my termination without notice.

Signed: _____

Date: _____

Internship Time Card

Name: _____

| Date | Hours worked | Weekly 10 Min Journal (✓) | Supervisor Initial |
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***Please record days missed: sick, school break, appointment, etc.