

## EXTERNAL INTERNSHIP REQUEST (Community Non-Profit)

The Internship Program provides student in grades 11 and 12 the opportunity to gain real world experience and explore different careers of interest while also earning school credit. Through this program students will develop the skills necessary to be productive members in the workplace.

I am requesting approval for an external internship (with a community non- profit organization). I realize that I will be awarded a half credit (.5) and a "P" grade for my work in the internship. In order to receive this credit, I must complete 60 hours of work with my workplace mentor. Failure to complete this requirement will result in a "W" on the transcript (depending on circumstance). All transportation must be provided by student/family. Any exception to the above needs approval by the Principal.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name or Mentor: \_\_\_\_\_

Mentor Contact Information: \_\_\_\_\_

### **Description:**

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### **How will work be evaluated?**

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A Log of Hours must be submitted to the Internship Coordinator with Mentor's Initials (upon completion) by June 1.

**Signatures/Approval**

\*I have adequate medical and home owner's insurance to cover my child during the internship experience and agree to hold the Town, BOE and internship site harmless for any injuries or damages that may occur as the result of my child's participation in the program.

\*I understand that there are inherent risks in all activities and agree to participate in this program at my own risk and will not hold the Town, BOE or internship site liable for any injuries or damages I may incur or cause.

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Internship Coordinator Signature: \_\_\_\_\_

Assistant Principal Signature: \_\_\_\_\_