The Career Internship Program strives to develop awareness and positive exploratory attitudes related to a specific career; help students clarify their career goals through practical hands-on work experience and increase students’ understanding of the knowledge, responsibilities and skills that are required to succeed in a given career.

This program requires a great deal of dedication and motivation from students who want to take a NYS accredited course with stringent requirements during the summer. Parent involvement and supervision is required.

RESPONSIBILITIES

**Student Intern:**
- Arrange planning interview with community mentor
- Provide own transportation
- Keep all information in strict confidence
- Maintain a professional appearance and manner
- Maintain a responsible and consistent schedule
- Maintain a written log of learning experience
- Complete SCANS Skills Sheet
- Complete required hours (Minimum of 40 hours)
- Create a final project (Portfolio Page)
- Ensure hours are no more than 8 hrs/day and do not exceed 6 days/week
- Understands that this is a NYS accredited course with stringent requirements. All course work is due prior to school starting in the fall

**Credit is based on above and:**
- Completion of all materials
- Deadlines met
- Directions followed per checklist
- Accuracy
- Note: Eligible for LDS 101 college credit

**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
- 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 an evaluation of the intern, which is mailed to you after student completes requirements
- 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

INSURANCE

Students participating in the 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.

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 (Unsatisfactory) on my transcript.

<table>
<thead>
<tr>
<th>Intern Name (Please Print)</th>
<th>Signature of Intern</th>
<th>Date</th>
</tr>
</thead>
</table>

I acknowledge and approve of my child’s involvement and commitment to this program. I have read and understand this contract. I am aware of the anticipated activities of my child involved in the Internship Program. I consent to my child’s participation in the program. I understand that I will responsible for the following:

- Enforce all responsibilities of the student as outlined above
- Review orientation documents and sign off on them
- Provide summer schedule availability that needs to be flexible around mentor availability
- Provide transportation
- I have reviewed all requirements of the program listed on the web site and confirm that my child has met these requirements
- Review all paperwork due to be submitted to mentor

| Signature of Parent | Date |
**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: ____________________________ Ins. Number: _____________________________

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 ________________

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**PARENT/GUARDIAN RELEASE FORM**

Student Name: __________________________________________

**PROMOTIONAL USE:**

Photographs, videos and testimonies of students are sometimes taken for use within the Pittsford Central School District. Occasionally, photos may be shared with the public through, for example, newspaper or television outlets, District newsletters, the District web site (accessible to any Internet user at www.pittsfordschools.org), and other District communications.

Please indicate your preference by checking one of the boxes below.

**Check one box:**

- [ ] I **DO NOT** want my child’s likeness or experiences with the Career Internship program released or used for promotional purposes.

- [ ] I **AGREE** that it is **ok** for my child’s likeness or experiences with the Career Internship program to be used for promotional purposes.

__________________________ ____________________________
Parent/Guardian Signature Date

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