SECTION 1:
Student Paperwork
## Shawnee Career Connect Internship Program
### Application for Internship Program

### Student/Intern Contact Info

<table>
<thead>
<tr>
<th>Student</th>
<th>Student ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td>Primary Phone</td>
<td>Secondary Phone</td>
</tr>
<tr>
<td>Student Email</td>
<td>Current Grade</td>
</tr>
<tr>
<td>Age</td>
<td>Birthdate</td>
</tr>
</tbody>
</table>

### Father/Guardian

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td>Primary Phone</td>
<td>Secondary Phone</td>
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<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

### Mother/Guardian

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
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<tr>
<td>Primary Phone</td>
<td>Secondary Phone</td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

### List anything which may affect your ability to participate in this program:

**Resume:** A resume must be attached as part of the application. Follow the resume example provided. (OKCareerGuide “My Resume” can be used to develop your resume.)

**Student’s Signature** _____________________________ **Date** ______________

**Parent/Guardian Signature** _____________________________ **Date** ______________
Shawnee Career Connect Internship Program
Internship Program Teacher Recommendation #1

Student: _______________________________ Date: __________ Teacher: _______________________________

This student is applying for the Shawnee Public Schools Internship Program. Please take a moment to fill out this form and return it to the student in a sealed envelope for them to include in their application.

Use the following code: (place an “X” to the right of the number of your choice).


Student is willing to accept responsibility. 1 2 3 4

Student completes assigned tasks. 1 2 3 4

Student communicates well verbally. 1 2 3 4

Student has sound writing skills. 1 2 3 4

Student is able to work independently. 1 2 3 4

Student demonstrates a mature attitude. 1 2 3 4

Student responds well to instruction and constructive criticism. 1 2 3 4

Student possesses qualities that merit confidence and trust. 1 2 3 4

Do you feel this student would benefit from an in-depth and hands-on work experience in a specific career field? (select yes or no)

Yes [ ] No [ ]

Please explain why/why not?


Using the scale below, reply to the following statement. Place an “X” to select.

As a participant in the internship program, the student will be a good representative for YPS in our community.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Teacher’s Signature: _______________________________ Date: _______________________________
Shawnee Career Connect Internship Program
Internship Program Teacher Recommendation #2

This student is applying for the SPS Internship Program. Please take a moment to fill out this form and return it to the student in a sealed envelope for them to include in their application.

Use the following code: (place an “X” to the right of the number of your choice).


Student is willing to accept responsibility.          1  2  3  4

Student completes assigned tasks.                    1  2  3  4

Student communicates well verbally.                  1  2  3  4

Student has sound writing skills.                    1  2  3  4

Student is able to work independently.               1  2  3  4

Student demonstrates a mature attitude.              1  2  3  4

Student responds well to instruction and constructive criticism. 1  2  3  4

Student possesses qualities that merit confidence and trust. 1  2  3  4

This student would benefit from an in-depth and hands-on work experience in a specific career field? (select yes or no)

Yes  no

Please explain why/why not?

Using the scale below, reply to the following statement. Place an “X” to select.

As a participant in the internship program, the student will be a good representative for YPS in our community.

Strongly Disagree  Disagree  Uncertain  Agree  Strongly Agree

Teacher’s Signature: ___________________________________________  Date: _____________________
Shawnee Career Connect Internship Program
Internship Program Counselor Recommendation

Student: __________________________________ Date: __________ Counselor: ___________________

This student is applying for the Shawnee Public Schools Internship Program. Please take a moment to fill out this form and return it to the student in a sealed envelope for them to include in their application.

*These questions are not necessarily disqualifiers.

Please mark yes or no with an X for the items below.

- [ ] I have reviewed this student’s credits. (Juniors = 24, Seniors = 36)
  My recommendation is this student be considered for the internship program based on their student credits.

- [ ] I have reviewed this student’s GPA.
  This student has a cumulative unweighted GPA of 2.5 or higher.

- [ ] I have reviewed this student’s attendance.
  My recommendation is this student is a good candidate for the internship program based on their attendance.

- [ ] I have reviewed this student’s behavior.
  My recommendation is this student is a good candidate for the internship program based on their behavior.

Prior to final acceptance, the school counselor will review the student’s schedule to ensure the internship class will fit.

Using the scale below, reply to the following statement. (place an “X” in the selection of your choice)

“As a participant in the internship program the student will make a good representative for Yukon Public Schools in our community.”

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Additional Comments:

________________________________________________________________________

School Counselor’s Signature: ___________________________ Date: ________________
Shawnee Career Connect Internship Program
Internship Program Student Agreement

I, ____________________________ will be responsible to:

(Student Name)

1) Attend the internship at the designated place of business on all assigned school days. The length of
time assigned to each internship will be determined by the number of electives on the student’s
schedule.

2) Maintain attendance by scanning the QR code upon arrival and departure. In the event of 3 absences
without notification to the business and Career Advisor, the internship may be revoked resulting in a
failing grade. All attendance policies from Shawnee High School apply to the internship class.

3) Maintain open communication with the Career Advisor regarding conflicts, problems or issues with the
internship business/program.

4) Complete all assigned papers/projects/journals as determined by the Career Advisor.

5) All assignments must be submitted through Google Classroom. I am responsible for accessing Google
Classroom from home or school.

6) Research and complete the career assessments and inventories.  okcareerguide.org

7) Perform regularly scheduled work in my internship professional area and become aware of the rewards,
demands and skills involved.

8) If an emergency occurs, notify my Career Advisor or other designated person and mentor as soon as
possible.

9) I understand I am responsible for my own transportation to and from my internship site.

10) Discipline: I understand if I do not demonstrate responsible behavior, I may be taken out of the program
and may receive an F for failing to complete the Internship Program's requirements.

I agree to follow the guidelines established for the Internship Program. I will respect the confidentiality of
my mentor’s business, clients, accounts or any other information to which I have access during this career
seeking experience.

Student Signature: ___________________________________________ Date: _______________________

Parent/Guardian Signature: __________________________________ Date: ________________________
Shawnee Career Connect Internship Program
Internship Program Parent/Guardian Agreement

We, the parent(s)/guardian(s) of _______________________________ give him/her permission to participate in the Internship Program coordinated by Career Connect of Shawnee Public Schools (SPS). **We understand that transportation to and from the internship site is our (parent/guardian & student) responsibility.**

Please check how your child will be attending his/her internship:

- [ ] My child will drive ___________________  **Provide copy of student’s driver’s license**
- [ ] I will drive my child ___________________

It is understood that all reasonable caution will be taken by those in charge to prevent injuries and illness, and I agree not to hold any person, whether mentor or SPS staff in charge, or SPS responsible for any injuries or illness to my child. I hereby release the person or persons in charge and SPS from any and all possible liability arising out of any injuries sustained or illness incurred by my child.

I understand the arrangements of my son’s/daughter’s internship experiences may involve several locations in addition to his/her actual internship site. Therefore, I grant my permission for my child son/daughter to go to the other related sites whenever appropriate to participate in the internship program.

I have read the description of this program and fully understand the objectives, obligations and requirements of the program.

<table>
<thead>
<tr>
<th>Emergency Contacts</th>
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</thead>
<tbody>
<tr>
<td>First Contact:</td>
</tr>
<tr>
<td>Relationship:</td>
</tr>
<tr>
<td>Phone:</td>
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<tr>
<td>Second Contact:</td>
</tr>
<tr>
<td>Relationship:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
</tbody>
</table>

Parent/Guardian Signature: _______________________________ Date: ___________________
Shawnee Career Connect Internship Program
Resume Example

A resume should be brief, concise & typed. (Use OKCareerGuide “My Resume” to develop your resume.)

Contact Information
The first section of your resume should include information on how the employer can contact you.
First and Last Name
Street Address
City, State, Zip
Phone Number
Email Address

Education
In the education section of your resume, list the school you attend and any awards or honors (like the National Honor Society or Honor Roll) you have earned. If you have a strong grade point average (GPA), you might choose to include that as well.
High School
GPA (optional)
Awards, Honors

Experience
This section of your resume includes your work history. If you have had a job before, list the company you worked for, dates of employment, the positions you held, and a bulleted list of responsibilities. You can also include any particular achievements you had at work, such as receiving an employee award. If you haven't had a regular job before, it's fine to include positions like babysitting or pet sitting, and any volunteer experiences you might have.
Company
City, State
Dates Worked
Job Title
● Responsibilities / Achievements
● Responsibilities / Achievements

Activities
Include sports, clubs, volunteering, and other activities. If you had a leadership position in any of these activities include this title.
Activity
● Leadership position (if any)

Skills
Include skills related to the job that you are applying for; i.e. computer skills, language skills, or certifications. These can be skills you acquired at school or through extracurricular activities. Language – skill level (beginner, intermediate, advanced, fluent)
Any relevant skills
Any relevant certification
SECTION 2:
Mentor Information & Forms
Shawnee Career Connect Internship Program
Internship Program Placement Notification

<table>
<thead>
<tr>
<th>Employer Placement Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
</tr>
<tr>
<td>Dates of Internship:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>Contact Email</td>
</tr>
<tr>
<td>Student:</td>
</tr>
<tr>
<td>Time:</td>
</tr>
</tbody>
</table>

We appreciate your support of our career program. One challenge in a high school is to offer truly relevant, career experiences for our soon-to-be graduates. Your participation is helping us fill that gap!

- These are students who are planning or considering a career in an area aligned to your industry. Do remember they are students, not experienced workers with a knowledge-base in your field. They need to be taught. Please work with them in their area of interest.
- Feel free to have students and/or parents complete any paperwork from your site that is necessary, in addition to what we've done.
- We expect the student to be on site every assigned day. There are times that school events may require our students to miss their internship time. The student will inform you of those days. You do not have to worry about keeping that straight. We will review each absence to determine the student's status.
- Your staff will mentor them and complete a performance review in the middle of the internship and at the end of the internship.
- If you encounter any issues with our students, first speak with them as if they were your employee. Be clear in expectations and correct them. If you would like a school employee to visit with you and the student, let the Career Advisor know and we will schedule that. If you feel you cannot maintain the placement of a student, contact Michelle Wallace.

We hope this will be a positive experience for you and your organization. We will make this as convenient for you as possible. Please let us know if there is anything we can do to assist you and thank you for helping these students see their career options.

Sincerely,

Michelle Wallace
Career Development and Community Partnership Advisor
Shawnee High School - Career Connect
# Mentor Agreement and Contact Forms

## Component I: Mentor Information

### Mentor Contact & Organization/Business Information

<table>
<thead>
<tr>
<th>Internship Student's Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor's Name:</td>
<td>Title:</td>
</tr>
<tr>
<td>Organization/Business:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Field of Expertise:</td>
<td></td>
</tr>
<tr>
<td>Work Phone:</td>
<td>Secondary Phone:</td>
</tr>
<tr>
<td>Mentor's Email:</td>
<td></td>
</tr>
</tbody>
</table>

### Hours of Operation:

<table>
<thead>
<tr>
<th>Sun:</th>
<th>Mon:</th>
<th>Tues:</th>
<th>Wed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Clearly specify what the student will be doing and learning during the semester.
Shawnee Career Connect Internship Program
Mentor Agreement and Contact Forms

Component II: Mentor Responsibilities

The mentor agrees to the following:

1. Help the student explore a career interest in your professional area by allowing him/her to work with you, with your instruction and supervision.

2. Provide the student with a wide range of activities that allow the student to observe and participate in the actual work associated with the profession. If possible, allow the student to observe other professionals in your area.

3. Develop a mutual understanding with the student about his/her responsibilities, assignments and role as an intern.

4. Meet with the student on a regular basis to discuss his/her performance, answer questions, make suggestions and assign additional responsibilities.

5. Recommend books, journals, related resources and other professional contact people in your field.

6. Discuss work schedule, appropriate dress and the need for confidentiality with the student.

7. Prior notification to the Career Specialist of any off-site activities that may take the student from work site. Students must get prior written parental/guardian approval to leave the internship site.

8. Ensure the safety of the student at all times.

9. Call the student’s Career Specialist if there is an issue with an assigned student.

10. Report any accidents or injuries that may occur to Career Specialist and to parents.

11. Make time available to meet with the Career Advisor at the end of the nine week period and for an end-of-term assessment of the student’s performance and evaluation of the program’s effectiveness.

12. Personal gifts are discouraged.

Printed Name of Mentor: ____________________________________________________________

Signature of Mentor: ___________________________ Date: ____________________
Component III: Confidentiality Agreement

Purpose: The purpose of this confidentiality agreement is to protect the identity & privacy of our clients. Staff & interns at __________________________________________________ may encounter personal & sensitive information about clients. Therefore, it is very important to refrain from disclosing any information to third parties about our clients to avoid causing them harm.

Confidential Information: Confidential client information should never be discussed in the presence of third parties, except under the terms outlined below. Any files and/or documents containing confidential information should never be shared or released to third parties, except under the terms outlined below. Confidential information includes, but is not limited to the following:

1. Identifying information about the client, including name, address or phone number.
2. Information relating to the client’s family.
3. Information about the client’s case.
4. Any other information that would identify the client or potentially place the client and/or family members at risk.

Terms: By signing this confidentiality agreement, you agree to the highest ethical standards and to abide by the following provisions:

1. All communications between the cooperating business staff, interns, and clients are confidential.
2. The staff or intern shall not disclose confidential information to a third party without the client’s express consent to release such information.
3. The staff or intern shall not disclose confidential information to a third party without the cooperating business’ knowledge and consent.
4. I understand that as an intern or volunteer, I have a duty to keep client information confidential throughout my term as a staff member or intern as well as after my employment or volunteer status ends.
5. I understand that my failure to abide by the terms of this confidentiality agreement may result in the termination of my participation as a staff or intern at the cooperating business.

I, (print name) ____________________________________________________________, have read the above confidentiality agreement and understand its terms and my responsibilities as an intern.

____________________________________________
Signature of Intern

____________________________________________
Signature of Supervisor                      Date
Component IV: Student Contact Info

FOR STUDENT TO GIVE TO MENTOR FOR REFERENCE:

Student Contact Information (to be given to mentor)

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Phone:</td>
<td>Secondary Phone:</td>
</tr>
<tr>
<td>Email (school email address):</td>
<td></td>
</tr>
</tbody>
</table>

In case of emergency, please call:

Emergency Contact

<table>
<thead>
<tr>
<th>First Contact:</th>
<th>Relation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Phone:</td>
<td>Secondary Phone:</td>
</tr>
<tr>
<td>Second Contact:</td>
<td>Relation:</td>
</tr>
<tr>
<td>Primary Phone:</td>
<td>Secondary Phone:</td>
</tr>
</tbody>
</table>

List anything which may affect your participation in the internship:

What do you hope to learn from the internship:

Component V: Verification of Mentor Receipt of Student Contact Info

Student's Name: _________________________________________________________________

I, (mentor’s name, printed), ________________________________ have received a completed copy of the Student Contact Information form from the above mentioned student.

Signature of Mentor: ________________________________ Date: ______________________
Internship Program
Non-Sex Offender Affidavit

The undersigned, ______________________________________ represents that he/she is the owner or an
officer of ________________________________, who has the authority to make this declaration to Shawnee
Public Schools.

I declare that no employee under the authority of the above named company or business has been convicted
in the State, the United States, or another state of any offense subject to the sex offenders registration act or is
subject to another state’s or the federal sex offender registration provisions.

I further declare that no employee under the authority of the above named company or business has been
convicted of a felony offense within the past 10 years in this state, the United States, or another state.

Dated this ____________________ day of ________________________, 2019

Business Address______________________________________

____________________________________________________

Signature_____________________________________________
SECTION 3:
Post Internship Evaluations
**Shawnee Career Connect Internship Program**

<table>
<thead>
<tr>
<th>Mentor Evaluation of Internship Program</th>
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<tbody>
<tr>
<td>Mentor:</td>
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<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Student:</td>
</tr>
<tr>
<td>Business/Org:</td>
</tr>
</tbody>
</table>

The purpose of this evaluation is to help assess the effectiveness and value of the internship program. Please indicate the extent to which you agree or disagree with the following statements.

1. I am satisfied with the Shawnee Public Schools internship program.
2. The program is a meaningful educational experience for the student.
3. The student was well suited in interest and ability for this placement.
4. My interaction with the student resulted in a more positive attitude toward high school students.
5. The student made meaningful contributions in various situations during the work experience.
6. The work experience required students to engage in the exchange of information, ideas and concerns through both oral and written communication.
7. I am willing to recommend the student for college, vocational/technical training or employment.
8. The student increased his/her knowledge about the profession and associated work environment as a direct result of this experience.
9. I am willing to serve as a mentor again.

Additional comments:

---

1-Strongly Disagree          2-Disagree          3-Agree          4-Strongly Agree

1. I am satisfied with the Shawnee Public Schools internship program. 1 2 3 4
2. The program is a meaningful educational experience for the student. 1 2 3 4
3. The student was well suited in interest and ability for this placement. 1 2 3 4
4. My interaction with the student resulted in a more positive attitude toward high school students. 1 2 3 4
5. The student made meaningful contributions in various situations during the work experience. 1 2 3 4
6. The work experience required students to engage in the exchange of information, ideas and concerns through both oral and written communication. 1 2 3 4
7. I am willing to recommend the student for college, vocational/technical training or employment. 1 2 3 4
8. The student increased his/her knowledge about the profession and associated work environment as a direct result of this experience. 1 2 3 4
9. I am willing to serve as a mentor again. 1 2 3 4
### Shawnee Career Connect Internship Program

#### Mentor Evaluation of Student

<table>
<thead>
<tr>
<th>Mentor:</th>
<th>Phone:</th>
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<tbody>
<tr>
<td>Student:</td>
<td>Evaluation Due By:</td>
</tr>
<tr>
<td>Business/Organization:</td>
<td></td>
</tr>
</tbody>
</table>

Please indicate the extent to which you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1-SG Disagree</th>
<th>2-Dissagree</th>
<th>3-Agree</th>
<th>4-SG Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has good attendance on-site (with excused absences as permitted).</td>
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<tr>
<td>2. Demonstrates an interest in obtaining information and acquiring skills.</td>
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<tr>
<td>3. Carries out work in an efficient and timely manner.</td>
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<tr>
<td>4. Undertakes a variety of tasks &amp; assignments (as permitted by the mentor).</td>
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<tr>
<td>5. Demonstrates initiative &amp; self-direction by participating in activities.</td>
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<tr>
<td>6. Is able to work without constant supervision.</td>
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<tr>
<td>7. Listens to ideas, implements suggestions &amp; follows direction.</td>
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<tr>
<td>8. Is mature in attitude &amp; positive about the mentor experience.</td>
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<tr>
<td>9. Communicates effectively with other individuals</td>
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<tr>
<td>10. Exercises good judgement &amp; demonstrates an awareness of abilities &amp; limitations.</td>
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</tbody>
</table>

Specify areas where you would like to see improvement in the student’s performance:

Mention specific contributions, achievements & capabilities as demonstrated by the student:

Signature of Mentor: ___________________________________________ Date: __________________________
# Shawnee Career Connect Internship Program

## Student Evaluation of Internship

<table>
<thead>
<tr>
<th>Student:</th>
<th>Evaluation Due By:</th>
</tr>
</thead>
</table>

Please indicate the extent to which you agree or disagree with the following statements.

1-Strongly Disagree | 2-Disagree | 3-Agree | 4-Strongly Agree

1. I was satisfied with my internship experience. 1 2 3 4

2. The internship offered me an experience different from that of a traditional classroom. 1 2 3 4

3. I felt my placement was well suited to my abilities and/or interests. 1 2 3 4

4. This program helped me better understand what career I would like to pursue. 1 2 3 4

5. Applying my skills & knowledge through an internship was a valuable opportunity. 1 2 3 4

6. This program provided me insight into both my strengths & weaknesses. 1 2 3 4

7. This program had an impact upon my career direction. 1 2 3 4

8. This internship helped me understand the requirements & real nature of this industry. 1 2 3 4

9. I would recommend the program to other students. 1 2 3 4
Insurance/Liability Thoughts & Info:

The best first step is to make sure every internship student is signing a waiver. You may have done this already, but the second is to get certificates of insurance from the businesses participating. I would encourage the internship business to name the school as an Additional Insured with a Waiver of Subrogation on their policy. You can see there would be defense coverage for the school. We can pursue individual student medical policies, but if they were injured on the business’s premise, I would probably agree that the school wouldn’t be negligent and business would be. I’ve gone back to clarify about liability while the student is traveling between the school to the internship.

Pre-Inspection checklist form:
Accordingly, the court will consider such factors as who controls the work site, who has supervisory responsibility over the student, whether supervision of the student was adequate, the safety rules and regulations of the workplace, and what promises or guarantees were made to the student regarding safety. (PRE-INSPECTION CHECKLIST?)

Junior Achievement is only secondary insurance according to Mary from J.A.. We’d still be the primary which I can’t imagine is acceptable.