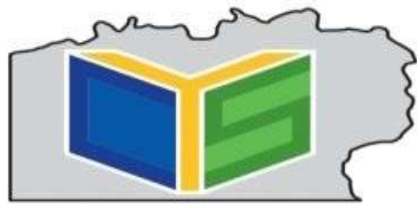


**Yadkin County Schools**  
**Internship Program Information & Permission Forms**



**Donna W. Reavis**  
**Career Development Coordinator**  
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**[donna.reavis@yadkin.k12.nc.us](mailto:donna.reavis@yadkin.k12.nc.us)**



**Complete forms on pages 3-9 and return to Forbush High  
main office no later than Friday, December 10th**

## What is an Internship?

The Random House Dictionary defines internship as “any official or formal program to provide practical experience for beginners in an occupation or profession”. Internship is also defined as “providing real world experience to those looking to explore or gain the relevant knowledge and skills required to enter into a particular career field. Internships are relatively short term in nature with the primary focus on getting some on the job training and taking what’s learned in the classroom and applying it to the real world. Interns generally have a supervisor who assigns specific tasks and evaluates the interns overall work”. (<http://internships.about.com/>)



## Why Work-Based Learning?

Worked-based learning brings the classroom into the workplace and the workplace into the classroom. This provides students with the well-rounded skills that go beyond academics and includes soft skills they will need in college and the workplace. With the completion of 135 contact hours students will earn a course credit that will be reflected on their high school transcript.

Yadkin County Schools’ students begin career awareness in elementary school, experience career exploration in middle school, and then have an opportunity to enroll in Career and Technical courses during high school. Work-based learning experiences can culminate into an internship experience that allows students to apply the skills they have learned in the classroom.

Yadkin County Business Leaders partner with the school system as classroom guest speakers, participate in career fairs, and take part in mock interviews and internship presentations. Local businesses also provide opportunities for student tours, job shadowing, and internships.



### **Who's Eligible to Take an Internship?**

- A high school junior or senior.
- **Be a CTE Concentrator-** Complete at least 2 courses in a single CTE program of study (Pathway). This includes a 2<sup>nd</sup> level CTE course (Click on *CTE Courses Sequence Examples*, on webpage, to see examples of courses for a CTE Concentrator).

### **What are the Requirements for Internship?**

- Completed internship application and
- Submit two teacher recommendation forms
- Good attendance is highly recommended and administration approval.
- Parent/guardian permission.
- Personal or school health insurance (Contact to Mrs. Reavis if you do not have insurance).
- Complete Internship Agreement, Permission-to-Drive & Automobile Liability form, Program Liability forms, and Parental Permission Agreement, Emergency Contact, & Medical Form

### **Overview**

- Students are expected to follow to the rules and regulations of the business in which he/she is working. This includes regulations concerning dress, conduct, punctuality, confidentiality, cell phone usage, and attendance of business. The Job Site Supervisor should discuss any issues that arise with the interns, but may also contact the Career Development Coordinator (CDC) before any disciplinary action is taken.
- A minimum of 135 hours on site time per semester (7.5 hours weekly).
- Students may participate in a paid or unpaid internship.
- Internships are completed during schools hours unless otherwise discussed with Mrs. Reavis and internship supervisor.
- Internship course placement is not guaranteed. Mrs. Reavis will assist placement, but the eliminate placement is the students responsibility.
- Students should provide their own transportation or speak with Mrs. Reavis in order to make other arrangements. Students cannot ride together to and/or from work-based learning site.
- Students must complete all coursework assigned in the course syllabus (students will use canvas to access assignments on their school issued Chromebook). Notify Mrs. Reavis if internet is not available outside of school hours.
- An Exit Presentation is required.

## Internship Student Training Agreement

Student's Name \_\_\_\_\_ High School \_\_\_\_\_

Internship Location: \_\_\_\_\_

**I, the student intern, agree to:**

1. Complete 135 hours of work-based learning at the above site or receive a grade that reflects the completed number of hours (7.5 hours per week for 18 weeks).
2. Signing in/out daily at designated sites on the Internship time sheet.
3. Follow the regulations of the organization in which I am completing the work based learning experience (dress, conduct, cell phone, etc.).
4. Complete required internship course assignments including but not limited to weekly journals, course assignments, and exit project.
5. Notify Mrs. Reavis, and my internship supervisor, if absent (illness or appointment) or of any change in normal scheduling dates and/or times.
6. Notify Mrs. Reavis if problems of any type arise at internship site and be ethical and truthful in all conversations and actions related to the internship.
7. Represent Yadkin County Schools' Internship Program and my school to the best of my ability at the work based learning location, and be open to learning as much as possible about the career in which I am shadowing.
8. Realize that if I violate any of the terms of this agreement, I can be removed from the internship and receive a grade of "F" which carries zero (0) credit, or if I drop the internship before the course is completed, I will receive grade of "F" which carries zero (0) credit.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Yadkin County School's Work-based Learning  
Student Permission-To-Drive and Automobile Liability Form**

Student Name: \_\_\_\_\_

Student's Driver's License Number: \_\_\_\_\_

Name of Insurance Company (car): \_\_\_\_\_

- Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_
- Name/Type of Vehicle: \_\_\_\_\_
- Name of Policy Holder: \_\_\_\_\_ Policy Limits: \_\_\_\_\_
- Vehicle Owner: \_\_\_\_\_

\*\*Above information can be found on the car registration form and is needed for off-campus travel.

My son/daughter has permission to drive his/her vehicle to and from off campus, school approved learning experiences. I understand and agree that it is of utmost importance that my son/daughter, while driving to, from, and working at, any school-sponsored activity obey all Department of Motor Vehicle as well as school rules and regulations. I understand no one will be allowed to ride with my son/daughter.

I agree not to hold the school, the school system, any of its constituents, or representatives responsible for any damage which may occur to the vehicle my son/daughter is driving.

\*\*When school is on a delay or early release due to inclement weather or not in session due to a workday or holiday, students are not required to attend their internships site. Students who choose to attend are doing so at the discretion of their own parent/guardian.

I hereby authorize the Yadkin County Board of Education or its agent or designee to obtain a copy of my driving record.

***Allowing students to drive to and from school-sponsored activities is subject to denial by the school administration or the Yadkin County Board of Education.***

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Yadkin County Schools Internship Program  
Parental Permission Agreement, Emergency Contact, & Medical Form**

Student Name: \_\_\_\_\_ High School: \_\_\_\_\_

Name of Internship Location: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

I, the parent/guardian, give my child permission to participate in Yadkin County Schools CTE Internship program in the above business/agency/industry, and I agree to the following:

- Encourage and support my child in this work-based learning experience.
- Realize that if he/she does not fulfill the terms of the internship agreement, he/she may receive a grade of "F" which carries zero (0) credit if credit.
- Provide transportation for my child to and from the worksite (notified Career Development Coordinator if transportation is an issue).
- Notify the Career Development Coordinator (CDC) of any problems that arise that might jeopardize his/her completion of the internship.
- Acknowledge that I will be notified by the career development coordinator or business should a medical emergency occur during my child's participation in the internship. If the career development coordinator or business should not be able to reach me, the below emergency contact person should be called (this should be someone that can be contacted if you cannot be reached).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- Acknowledge that there are or may be risks associated with the duties and tasks associated with the internship and agree to release (Yadkin County School) and any representatives of the School System, the above business/agency/industry and any representatives of the business/agency/industry from any claims, debts, dues, or causes of action that may arise from my child's participation in and transportation to and from this internship.
- I am acquainted with the purpose of the internship program and understand that it is an activity endorsed by the Yadkin County School System.
- Provide either personal health insurance or school insurance for my child for the duration of the work based learning experience (notify the school CDC with any questions).

**Medical Insurance:**

Name of Company \_\_\_\_\_ Policy # \_\_\_\_\_ or

**Student Accident Insurance:**

Name of Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Yadkin County Schools, CTE

Dr. Robert "Boomer" Kennedy, Director  
robert.kennedy@yadkin.k12.nc.us

Donna Reavis, Career Development Coordinator  
[donna.reavis@yadkin.k12.nc.us](mailto:donna.reavis@yadkin.k12.nc.us)



### COVID-19 AGREEMENT AND ACKNOWLEDGMENT

The internship site agrees to comply with all relevant safety guidance from the Centers for Disease Control and Prevention (CDC), the North Carolina Department of Health and Human Services (NCDHHS), the Yadkin County Health Department, and other state and local health authorities regarding workplace health and safety currently in effect, such as cleaning and sanitation, social distancing, the limited size of gatherings, and providing adequate personal protective equipment (PPE) for the student, to the extent possible.

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Site Supervisor

Date

The student taking part in the internship agrees to follow the guidance and procedures of the internship/clinical site and to wear proper personal protective equipment and follow health and sanitation guidelines.

Given the nature of emergency services, there is still a possibility that a student could be exposed to and contract COVID-19. The student and the student's parents or other guardians acknowledge and assume that risk.

The student also agrees to self-monitor each day for possible signs and symptoms of COVID-19. In the event the student does develop signs and symptoms, the student will refrain from attending the internship, and notify the student's site supervisor, as well as the student's supervising teacher or the CTE Director.

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Student's Signature

Date

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Parent/Guardian's Signature

Date

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Internship Coordinator's Signature

Date

*Learn Today, Lead Tomorrow*

In compliance with federal law, including the provisions of Title IX and Section 504 and Title II of the Education Amendments of 1972, N.C. Public Schools administers all state-operated educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability, or gender, except where exemption is appropriate and allowed by law.

## Work-based Learning Program Release Forms

### **RELEASE FORM:** (required)

The staff of \_\_\_\_\_ High School and the business internship sponsor will make every effort possible to ensure the safety, health, and welfare of all participants in the internship program. Despite all efforts and precautions, it must be anticipated that an emergency, illness, or injury may affect students participating in the program.

I understand that neither the Yadkin County Schools and/or any representative of the school system nor the above business/agency, nor any party, organization or agency collaborating with the Internship Program is or will be liable for any injury, illness, loss, damage, deviation delay, or curtailment, however caused, or the consequences thereof, which may occur as a result of my participation in the above internship experience or while en route to or from the work site. I have read the above paragraph and do accept the statement set forth.

### **CONFIDENTIALITY STATEMENT:** (required)

I further understand that as a student involved with the Yadkin County Schools Internship Program, I may have access to information about the agency, company, employees, and/or clients that is sensitive or private. Regardless of whether the information is obtained formally, informally, deliberately, or accidentally, I understand that it is my responsibility to keep all such information strictly confidential. By signing this statement, I promise to adhere to this policy of confidentiality. I also understand that a single breach of confidentiality will result in automatic termination of my internship.

This release is binding on me, my heirs, legal representatives, and assigns.

By signing this document in the blank marked "signature of the parent or guardian", I also acknowledge that I am the parent or guardian of:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **CONSENT FOR PHOTOGRAPHS** (optional)

I hereby give YADKIN COUNTY SCHOOLS the irrevocable right and permission to publish and exhibit all or any portions of the photographs pertaining to my child for use in any of its education, informational, or promotional audiovisual presentations including the media, or for any other relation to its educational mission in any medium including, but not limited to, electronically via the Internet. I also waive the right to approve the final product (s) in which some of these photographs may appear.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### **TEXTING RELEASE** (optional)

I give Donna Reavis, Career Development Coordinator, my permission to use a school issued cell phone to text my child as it relates to the internship course (absences, leaving early, etc.) as there is limited face-to-face contact with the interns. Interns may also communicate with their internship mentors via texting, as it relates to the internship.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Original signatures required on *Work-based Learning Liability* forms: **Internship site**, Work-based Learning Coordinator, and parent/guardian copy

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