Internship/Apprenticeship Contracts

Contact

AC Reynolds High School
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Nondiscrimination Policy

In compliance with Federal Law, Buncombe County Schools administers all education programs including its Career and Technical Education Programs, employment, activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age or disability.
**Work-based Learning Program - Internship/Apprenticeship**

**RESPONSIBILITIES**

Participants are required to do the following:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Requirement Details</th>
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</thead>
<tbody>
<tr>
<td>Be at least 16 years old</td>
<td>Junior or Senior</td>
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<tr>
<td>Be in good academic standing</td>
<td>At least a 2.5 GPA</td>
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<tr>
<td>Have good attendance profile</td>
<td>Fewer than 5 days absent the previous semester</td>
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<td>Have a good discipline profile</td>
<td>No out of school suspensions the previous semester or school year</td>
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<tr>
<td>Have reliable transportation</td>
<td>Transportation to and from work site</td>
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**Student Responsibilities**

- **Identify possible placement site**: Be able to tell the Career Development Coordinator where possible work site is located (Work site must be a valid learning opportunity in relation to student pathway).
- **Complete Work-Based Learning Application**: All applications should be completed and returned to the Career Development Coordinator.
- **Complete activities within work-based learning experience**: Written and verbal requirements: time sheets, Canvas assignments, final presentations, etc.
- **Represent school well**: Be responsible, dress appropriately, and maintain excellent work habits at the site.
- **Communicate with Career Development Coordinator regularly**: Turn in required materials and inform Career Development Coordinator of any issues. Also attend scheduled meetings with the Career Development Coordinator.

**Site Responsibilities**

- **Assist with development of Skills Development Plan**: Assist the student in accomplishing his/her goals by developing a Skills Development Plan (an outline of tasks & responsibilities).
- **Evaluate student learner**: Evaluate the student’s performance each grading period. Evaluation counts as 70% of the internship grade.
- **Communicate with school**: Communicate with Career Development Coordinator whenever needed.
- **Provide a safe and effective learning environment**: Ensure that the student works in a safe environment and provide him/her with variety of learning experiences that will offer a broad view of the site’s entire operation.
- **Establish schedule for student learner**: Ensure that student learner has opportunity to earn a minimum of 135 contact hours.

**Parent and School Responsibilities**

- **Communicate on a regular basis**: The school and the parent should remain in regular contact to ensure proper supervision of student.
- **Insurance and transportation**: It is the responsibility of the parent to provide personal or school health insurance and reliable transportation for the student.
- **Supervise work-based learner**: It is the responsibility of the Career Development Coordinator to visit the site to ensure proper placement and safety of the student. The coordinator will review the time sheets and be responsible for the assignment of a grade.
The pages with a “star” must be completed and returned to register for the course.

Work-based Learning – Internship
APPLICATION

Student Name: ________________________________    Current Grade Level: _____________
Student Email Address: ___________________________Student ID Number: _________________
Student Address: ______________________________________________________________________
Home Phone Number: _________________________ Student Cell Phone Number: _______________
Parent/Guardian Name: __________________________________________________________________
Parent/Guardian Home Phone Number: ____________ Cell or Work Number__________________
In Case of Emergency Notify: Name ____________________ Phone Number __________________

1. My academic and career goals are:

2. My goals for this work-based learning experience are:

3. Experiences and school courses that relate to this work-based learning experience are:

Current GPA: ___________ Number of Days Absent This School Year: _______
Method of Transportation: _________________

Health Insurance Carrier and Policy Number: __________________________
(Please provide a copy of your policy card to the Michele Smith, CDC)

Work Site: ___________________________ Work Site Address: ______________________________

Work Site Phone Number: ________________ Site Supervisor’s Name: _______________________

______________________________________________   ______________________________
(Student Signature and Date)                   (Parent/Guardian Signature and Date)

______________________________________________   ______________________________
(Career Development Coordinator and Date)        (Site Supervisor’s Signature and Date)

If working in an elementary or middle school for your internship the Principal of the school needs to sign off on contracts.
The student, parent and work site supervisor should sign this contract at the time of acceptance into the program.

I, _____________________________, agree to abide by the following conditions:

1. Maintain excellent attendance at school and on the work-based learning site. If a student is unable to attend school, it is understood that he/she is unable to report to the site that day. It is the responsibility of the student to contact the site supervisor if he/she is going to be absent.

2. Proper checkout procedures are to be followed per school guidelines.

3. Complete the proper work-based learning documentation forms in order to receive credit for the course. (These forms are available from the Career Development Coordinator.)

4. Complete a minimum of 135 contact hours.

5. Understand that if a student has to be removed from or fails to complete the work-based learning experience, he/she will not receive course credit. If this does occur, he/she will be required to return to campus and arrangements will be made for the completion of the semester.

6. Communicate with the Work Site Supervisor and the Career Development Coordinator.

7. To comply with NC State Law, if the student is receiving compensation, students under the age of 18 are required to file a Worker’s Permit with their employer upon acceptance of work.

8. Understand that work-based learning opportunities are open to any career and technical student regardless of age, sex, race, religion, national origin, handicapping conditions, pregnancy, parental, or marital status.

____________________________________________  __________________________________________
(Work Site Supervisor Signature and date) (Student Signature and date)

__________________________________________  __________________________________________
(Career Development Coordinator Signature and date) (Parent/Guardian Signature and date)

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Work-based Learning -- Internship

AGREEMENT

Work-based learning allows students to go beyond the classroom and into the community to develop student competence. This agreement will be used to cover two types of work-based learning experiences. These include: Apprenticeship and Internship (both paid and unpaid).

Under this agreement, a student will receive high school credit for his/her work experience. This credit will only be issued if all requirements are met and proper documentation is provided. All students eligible for high school credit will follow the same guidelines to ensure consistency and fairness. Work-based learning opportunities are open to any student regardless of age, sex, race, religion, national origin, handicapping conditions, pregnancy, parental, or marital status.

Student Name: ________________________ Grade: ____________

Type of Work-based experience: _______ Internship

Name of Work Site: _____________________

Address of Work Site: __________________________________________________

Supervisor Name: ______________________ Supervisor Phone Number: ______________

Supervisor Email address: ______________________________________________________

Designated time period of release from school: ___________________________
(Ex. 1st period/1st semester)

The above-mentioned agency will permit the above-mentioned student to enter their establishment for the purpose of gaining knowledge and experience as (a, an) ______________ for __________ hours per semester. (Career)

1. If compensation is earned, it will be in accordance with existing local standards, labor laws and policies. In addition, all federal and state laws governing employment, child labor, minimum wages, and other applicable regulations must be followed.
2. The student will abide by all school policies while on the work site.
3. The parent or guardian is responsible for the conduct of the student at the site and is also responsible for his or her transportation and personal/school insurance.
4. The parent/guardian, on behalf of themselves and the student, hereby waives and releases the school district, work site, and their representatives from any and all claims for property damage or personal injury that may arise from the student’s participation in the work-based learning program.
5. The Career Development Coordinator will have the authority to transfer or withdraw the student when he/she deems such action to be in the best interest of those concerned.
6. The work of the student will be under the direct supervision of a qualified and experienced person with the tasks to be performed under safe and hazard free conditions.
7. The student, work site supervisor, Career Development Coordinator and parent/guardian shall communicate regularly. This action will ensure that each party involved is aware of the student’s progress and evaluation.

Work Site Supervisor and date _________________________ Student Signature and date _________________________

CDC Signature and date _________________________ Parent Signature and date _________________________

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To be completed by the site supervisor and the student and returned to the Career Development Coordinator--

Name ________________________________ Work-based Learning Site: ______________________

For the best learning experience, please think about a unique role or responsibility this student can have in the workplace. If possible, assign tasks that help the student learn about:
- The mission and purpose of the organization
- Particular job-related skills
- Administrative support
- An opportunity to explore the field the business/organization works in

Note: At the end of the program, the student will be required to present a Capstone Project and make a presentation that conveys his/her key learning.

Please describe the student’s key areas of responsibility below, with sample tasks listed under each area:

Signatures:

____________________________________________________________________

Work Site Supervisor and Date

Student Signature and Date

If working in an elementary or middle school for your internship the Principal of the school needs to sign off on contracts.
BUNCOMBE COUNTY SCHOOLS

175 Bingham Road
Asheville, NC  28806

Work-based Learning -- Internship/Apprenticeship

INSURANCE WAIVER FORM

(Please provide a copy of your policy card to the Michele Smith, CDC)

I have adequate personal insurance and therefore release the Buncombe County Board of Education, the Special Services Department of Buncombe County Schools, AC Reynolds High School and their employees from any responsibility in the event my child is injured as a result of participation in a school work-release CTE program:

I understand that if I do not have personal insurance, I can obtain insurance through the school system.

The insurance coverage on my child is with ____________________________

Policy Number __________________________ through __________________________ Company

Student’s full name ____________________________________________

                        Last                        First                        Middle

Address ______________________________________________________

                        Street/PO Box                        City                        State                        Zip Code

Signed: ________________________ Date: ________________________

(Parent or legal guardian)