

Buncombe County Schools Internship Workbook

2020-2021



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Director Career Technical Education



Buncombe County Schools

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COVID-19 WAIVER

The internship/apprenticeship site agrees to comply with all relevant safety guidance from the Centers for Disease Control and 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.

Site Supervisor Date

The student taking part in the internship/apprenticeship 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 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/apprenticeship, and notify their site supervisor, as well as their Career Development Coordinator.

Student Signature Date

Parent/Guardian Signature Date

Career Development Coordinator Signature Date

“Every Student Graduates with a Plan for a Successful Future”

“Today an Education, Tomorrow a Career”

Internship Overview

An internship is an experience in which a high school student learns by taking on a responsible role as a worker in a company or organization and then reflects on what happened while the student was in the workplace. The Internship Program is a supplement to formal classroom instruction. Its intent is to significantly add to the vitality of the instructional program and to impact the courses that a student has taken or will take. Internships are recommended for juniors and seniors and must be at least 135 hours. Students who successfully complete the Internship Program will earn a credit that will show on the transcript

Internship Requirements:

Pre-Internship

- ❖ **Signed COVID 19 Agreement**
- ✓ Conference with Career Development Coordinator.
(Transportation, scheduling, counselor approval, expectations, and possible placements – **must be off campus**)
- ✓ Complete internship application
- ✓ Complete Code of Conduct
- ✓ Complete Internship Agreement

During the Internship

- ✓ Complete workplace orientation
- ✓ Complete learning objectives
- ✓ Track and complete of a minimum of 135 contact hours (*Turn in monthly attached timesheets*)
- ✓ Complete at least 9 journal entries, per 9 weeks (18 entries Semester Total)
Due dates: TBA
- ✓ Maintain communication with the Career Development Coordinator.
- ✓ Career Development Coordinator will complete a site visit every 9 weeks

Post-Internship

- ✓ Complete electronic summary of experience
(PowerPoint presentation, Prezi, video) **Due date: TBA**
- ✓ Participate in final presentation: **Presentation Dates: TBA**
- ✓ Complete student evaluation: **Due Date: 1st Semester December 18th, 2020**
- ✓ **2nd Semester May 21st, 2021**
- ✓ Completed Career Development Coordinator's evaluation: **Due Dates: TBA**
- ✓ Complete thank you cards: **Due Date: TBA**
- ✓ Career Development Coordinator will award final credit

Internship Scheduling: Internships will be scheduled prior to the beginning of the semester with approval from Career Development Coordinator. Credit and grades are assigned after the student completes all requirements and submits all work to the Career Development Coordinator.

Buncombe County Schools Work Ready Internship Program

INTERNSHIP APPLICATION

Prerequisite for the Student Intern

An internship is primarily designed for students in 12th grade. The internship should align with the student's college and career goals

Last Name: _____ First Name: _____ MI: _____

Student ID#: _____ Current Grade Level: _____ Guidance Counselor: _____

Street _____

City: _____ Zip: _____ Phone: Home: _____ Cell: _____
Work: _____

Parent /Guardian's Name: _____

Student E-mail: _____ Parent E-mail: _____

Career Objective: _____

Please explain the reasons for wanting to participate in the Internship Program and what your plans are after graduating from high school.

List courses you have taken, or are currently taking, that are directly related to the internship and your career goals:

Briefly describe any work, volunteer experience, or job shadowing experience you may have:

Please describe the type of industry or environment you would like to be working in for the internship, including the duties/tasks you would like to handle or be exposed to:

List two high school teachers who can attest to your performance as a student:

Name:

Position:

I want to intern: _ Fall Semester _ Spring Semester

Internship Block to be scheduled: _ During 1st _ During 2nd - During 3rd _ During 4th

Do you have an Internship Sponsor/Mentor lined up to intern with? Yes No

Internship Site – Name of Business: _____

Internship Sponsor’s Complete Name: _____

Internship Site Complete Address: _____

Internship Site Telephone #: _____

I hereby certify that the information on this application is true and accurate to the best of my knowledge.

Student Signature

Date

Parent Signature

Date

Buncombe County Schools Work Ready Internship Program

STUDENT INTERN CODE OF CONDUCT

- I will be punctual and conscientious in the fulfillment of my commitment and duties.
- I will accept supervision graciously.
- I will conduct myself in a dignified, courteous, and considerate manner.
- I will take any problems, criticisms, or suggestions to my supervisor.
- I will follow all company policies and procedures (dress code, safety, training, etc.).
- I will always knock on closed doors.
- I will not discuss or ask about the amount of money other employees earn.
- I will not chew gum or eat food while working.
- I will not bring friends to the worksite.
- I will not solicit the organization or employees for donations, fundraisers, etc.
- I will always notify my supervisor if I am not able to report for work.
- I will only work when and where assigned.
- I will refrain from loud talking and inappropriate laughing.
- I will not use company phones for personal calls.
- I will not use my cell phone for personal use while on the job, including texting.
- I will not surf the Internet, use personal email, or play games while on the job.

Interns follow the same code of conduct as other members of the team at the work site. I further understand that all business information is confidential, and any dissemination of this information could lead to legal prosecution. Always remember that you are representing Buncombe County Schools to the public.

Intern Signature

Date

Intern Name – Printed

Buncombe County Schools Work Ready Internship Program
INTERNSHIP SUPERVISOR: GUIDELINES FOR BEGINNING INTERNSHIP

The student intern should complete the learning objectives prior to meeting with the supervisor.

The student should begin the internship by discussing with you the learning objectives and the intern's responsibilities. The expectation is that the two of you will review these and adjust them to the needs of the internship provider.

Efforts have been made to match the student's learning objectives with the internship provider. However, the needs of the provider will supersede the original expectations of the student, so long as they are related to the school system's goals of the student's internship experience.

Intern _____ School Year _____

Intern's Industry-Related Learning Objectives:

Intern's Responsibilities:

We have discussed the Intern's Learning Objectives and have listed the Intern's responsibilities with those objectives considered.

Internship Provider _____ Supervisor _____

Organization _____
Intern _____

Date _____

Buncombe County Schools Work Ready Internship Program

INTERNSHIP AGREEMENT

Student Name: _____

Organization: _____

Job Site Supervisor Name & Title: _____

Job Site Supervisor Email: _____

Organization Address, City, Zip: _____

Organization Phone#: _____ FAX #: _____

Internship Start Date: _____ Number of Weeks: _____ # Hours per Week _____

The Student Intern agrees to:

1. Undertake activities that provide a comprehensive view of the organization and that focuses on the roles, responsibilities, and functions of the organization sponsor.
2. Communicate desired learning objectives to the Job Site Supervisor.
3. Consult with the Career Development Coordinator on a regular basis.
4. Be regular in attendance and on time to assigned internship and notify the Career Development Coordinator and Job Site Supervisor should accident or illness occur.
5. Conform to the regulations of the organization (dress, conduct, etc.)
6. Understand that dropping the internship will result in a withdrawal/failure.
7. Understand the Internship Coordinator and the organization must give permission to terminate the internship.
8. Complete all Buncombe County Schools internship credit requirements.
9. Abide by any regulations, practices, and procedures of Buncombe County Schools Internship Program.

The Career Development Coordinator agrees to:

1. Review the student intern's learning objectives and internship responsibilities.
2. Monitor the student performance during the internship.
3. Maintain contact with the Job Site supervisor.
4. Conduct a site visit and schedule meetings as needed with the student to advise the student intern on appropriate behavior, performance standards, and academic information.
5. Assess the student intern and determine nine weeks and semester grades.

The Parents/Guardian agrees to:

1. Provide transportation for the student to and from the internship location.
2. Encourage the student to complete all requirements of the internship program.
3. Provide automobile, health and accident insurance for the student.
4. Report any concerns regarding internship to the Career Development Coordinator

The Job Site Supervisor agrees to:

1. Provide a challenging learning situation for the student intern.
2. Assist the student intern with project ideas.
3. Assign a mentor to work with the student intern and evaluate all work products.
4. Confer with student intern to provide feedback on strengths and areas to be improved.
5. Verify student's hours.
6. Notify the Career Development Coordinator if the student intern is not attending the internship promptly and regularly.

Student Intern Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Career Development Coordinator Signature _____ Date _____

Job Site Supervisor Signature _____ Date _____

Buncombe County Schools Work Ready Internship Program Parental Permission Agreement & Emergency Contact Form

Name of Student _____

Name of Business/Agency/Industry Where Interning _____

Name of Career in Which Internship Will Occur _____

Beginning Date of Internship _____ Parent Emergency Contact Number _____

Name of Parent/Guardian _____

I, the parent/guardian, give my child permission to participate in the Buncombe County Schools 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 will receive a grade of "F", which carries zero (0) credit.
- Provide transportation for my child to and from the worksite.
- Provide medical insurance information, including the name and policy number of insurance coverage for this student.
- Notify my child's Career Development Coordinator of any problems that arise that might jeopardize his/her completion of the internship.
- Acknowledge that I will be notified by the school Career Development Coordinator or employer should a medical emergency occur during my child's participation in the internship. If the Career Development Coordinator or employer should not be able to reach me, I prefer the following individual be called:

Name _____ Relationship to Student _____

Telephone Number _____

- Acknowledge that there are, or may be, risks associated with the duties and tasks associated with the internship and agree to release Buncombe County Schools System and any representatives of the School System, the above business/agency/industry and representatives of the business/agency/industry from claims, debts, dues, or causes of action that may arise from my child's participation in and transportation to and from this internship.

Medical Insurance:

Name of Company _____ Policy # _____

Student Accident Insurance:

Name of Company _____ Policy # _____

Signature of Parent/Guardian _____ Date _____

Activities and procedures within Workforce Development Education are governed by the philosophy of simple fairness to all. Therefore, the policy of Buncombe County Schools System is that all operations will be performed without regard to race, sex, color, national origin, or handicap.