



District 214 SUMMER Internship -- Parent Recommendation

**TOWNSHIP HIGH SCHOOL DISTRICT 214
SUMMER Internship Application**

Your son/daughter has expressed interest in the District 214 SUMMER Internship Program. Please provide us with the following information on your son or daughter.

Having a parent complete and submit all portions of this form is an essential part of the Internship Application. Any student information you provide will be confidential.

In accordance with the District 214 Career and Life Plan proposal, students will acquire career experiences through part-time employment, volunteering experiences, and/or mentorships. We are offering an opportunity for students to participate in internship activities which will focus on their specific career interest. This supplemental learning experience will give students opportunities to explore and fit themselves into the world of opportunity beyond the high school classroom. It will afford students hands-on learning that cannot be replicated in the classroom.

District 214 students who are interested in various careers will be able to pursue their interests at businesses and corporations throughout the north and northwest suburbs. District 214 and the various businesses have collaboratively developed an Internship Program for high school students. This program is designed to give students an opportunity to learn about a career and apply this information to their life and career plans.

The program is for students who will be entering their junior or senior year of high school and who (1) are extremely committed to pursuing a career in their selected internship, and (2) have the knowledge, skill, dedication and spirit required to engage in a very rigorous and challenging authentic learning experience.

Student First Name _____ Student Last Name _____

School: _____ I.D. Number _____

Guidance Counselor: _____

Home Address: _____

City _____ State _____ Zip _____

Student Email: _____ Parent Email _____

Parent's Name (Please Print): _____ Home Phone _____

Address/City/Zip: _____ Parent Cell Phone _____

My Son/Daughter plans to participate in the SUMMER Internship Program (June 9 - July 24)

Please provide **specific examples** of how any of the following characteristics apply to your son or daughter. (Please skip questions if not applicable.)

1. Learns rapidly and easily.
2. Interests are manifest at a level well beyond those normally associated with the student's age group.
Makes observations with adult-like sophistication.
3. Aware of problems which others do not see.
Uses multiple ways to solve problems and often does so in unique and unusual ways.
Is flexible and considers various alternatives.
4. Possesses well developed skills in their chosen career area.
Work is recognized as worthy of recognition and commendation.
5. Makes own decisions and is comfortable in situations which do not present "right" or "wrong" answers.
6. Perseveres to see a project through to completion.
7. Has developed a desire to create or perform at a high level. Concerned about continued improvement.
8. Explain any characteristics you have observed in your son/daughter, not covered above, which you believe would support his/her participation in the Internship Program.
9. What specific services, not already available to your son/daughter, would be needed to better develop his/her talents, skills, and/or interest in this career area?
10. Please list the name and provide contact information for any teacher or other professional who has worked with the student and could support your observations.

Medical Insurance

Your child wishes to participate in an off-campus internship placement from Township High School District 214. Such participation will require training from and on the premises of a participating community mentor. As a participant, your child will receive no wages for training time and will be protected by the Workmen's Compensation laws of the State of Illinois for any injury or illness incurred as a result of his/her onsite training.

Because of this exposure, District 214 recommends that all participants in off-campus program placement be adequately covered by hospital/medical insurance. As a condition in any off-campus program placement, you must select one of the options indicated below.

I, _____ elect to purchase the hospital/medical insurance plan offered by Township High School District 214 to cover my child, _____ who is a participant in Township High School District 214's off-campus internship program. Payment for or proof of this insurance coverage is enclosed.

OR

I, _____ am a participant in the hospital/medical plan

The benefits provided by this plan meet the coverage needs of these programs and are equal to or greater than the District 214 plan and also cover my child

_____.

District 214 Internship Program Syllabus Agreement

The District Internship Program is a great opportunity which allows students to get an inside look at a career field. In order for the program to be successful, interns need to adhere to the rules and responsibilities which come along with the program. Please read the [SUMMER Internship Guidelines](#) and discuss them.

If you have any questions please do not hesitate to contact Krista Paul. (847) 718-7947 or krista.paul@d214.org.

Parent Consent and Release

I, hereby, consent to have my son/daughter, _____, photographed, videotaped, audiotaped, and/or interviewed by District 214 and/or the news media when its purpose is to promote District 214 and its programs. Interviews and photographs will be granted only at the recommendation of the administration or staff. The videotape/photograph/audiotape of the student will not be used by the district for commercial purposes or for monetary gain. As the child's parent or legal guardian, I agree to release and hold harmless District 214, the Board of Education, its members, trustees, employees, agents, officers, contractors, and volunteers from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's photograph, likeness or voice on television, radio or motion pictures, or in the print medium.

I further agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above described use of my child's photograph, likeness, or voice.

UNDERSTANDING OF TRANSPORTATION OBLIGATION

We/I the parent(s)/guardian(s), of _____ do hereby give permission for our child to drive/ride to and from the classroom site. Furthermore, we verify that our child has automobile insurance (if driving).

As the parent/guardian of the above named student, we also direct that the following transportation guidelines apply to the student:

May drive to and from the classroom site:

Automobile insurance company (if driving): _____

Name of Agent: _____

Account/Member Number: _____ Telephone _____

Street address: _____

City: _____ State: _____ Zip: _____

OR

May not drive to and from the classroom site, but will be a passenger in alternative transportation approved by parent.

I understand the rules and responsibilities of the District Internship Program and approve of my child being a part of the program. I understand if my child does not abide by Internship rules they may be dropped from the course.

I AM IN FULL SUPPORT OF AND COMMITTED TO MY SON'S/DAUGHTER'S PARTICIPATION IN THE INTERNSHIP PROGRAM.

Parent Signature _____ Date _____

Creating digital signature in Acrobat Reader

To create your digital signature file follow these steps:

1. Click on the "Signature Field" in the PDF form. The signature field is indicated by a red arrow in the top left corner of the field
2. Select "I want to sign this document using a new digital ID I want to create now" Click "Next"
3. Select "New PKCS#12 digital ID file" and click "Next"
4. Fill out the "Identity Information" and click "Next".
(Name and email address is sufficient)
5. Specify the location on your computer where you want to store the digital signature file.
Enter and confirm the password that you want to use for the digital signature file.
Click "Next."

NOTE: Make sure to save the file in a location that is easy to remember and use a file name that will be easy to find. Store the password in a safe location. You will have to enter this password when signing PDF documents in the future.

Once this form is fully complete:

Save this file as First Name. Last Name. ID Number.SummerParentRec

It should then be emailed from the student to internprogram@d214.org