



TOWNSHIP HIGH SCHOOL DISTRICT 214 Internship Program

Your son/daughter has expressed interest in the District 214 Internship Program.

An Internship is an authentic educational experience available to Juniors and Seniors. However, since the experience is subject to industry partner policies, it is highly recommended students be at least 16 years old.

Traditional Internships are non-paid/ FOR credit offered during the fall, spring, averaging 5-10 hours per week and 20 hours a week during the summer. **Micro Internships** are non-paid/NO credit offered during the fall, spring and summer semesters, usually lasting 1-2 weeks long. Students average 15-20 hours a week and usually align the internship with a school break (e.g. Spring Break). Experiences like these, are provided to support career exploration through hands-on opportunities to observe and engage in relevant work and obtain information about a potential career path.

District 214 Internship Requirements

- Student Application
 - Two (2)Teacher Recommendations
 - Interview
 - Parent Consent Form
 - Medical Insurance (A policy can be purchased through District 214)*
 - Reliable Transportation* (*Transportation is not offered for micro intenships or during the summer*)
- *Please attach a copy of your medical insurance & auto insurance cards.*

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.

Student First Name _____ Student Last Name _____

School: _____ I.D. Number _____

School Counselor: _____

Home Address: _____

City _____ State _____ Zip _____

Parent's Name (Please Print): _____ Parent Email _____

Address/City/Zip: _____ Parent Cell Phone _____

My son/daughter plans to participate in the Internship Program (check all that apply):

Traditional Internship	Micro Internship
Fall	Fall~Winter Break
Spring	Spring ~ Spring Break
Summer	Summer ~ TDP Micro*

** Summer School Fees Apply*

Please rate your **STUDENT** on the following qualities.

<u>PROFESSIONAL QUALITIES</u>	Needs Improvement	Below Average	Average	Good	Excellent
<i>Punctuality</i>					
<i>Reliability</i>					
<i>Safety Conscious</i>					
<i>Quality of Work</i>					
<i>Dependable</i>					
<u>ATTITUDE</u>	Needs Improvement	Below Average	Average	Good	Excellent
<i>Takes Initiative</i>					
<i>Shows Enthusiasm</i>					
<i>Positive Attitude</i>					
<i>Responsible Behavior</i>					
<i>Demonstrates Maturity</i>					
<i>Leadership Ability</i>					
<i>Teamwork</i>					
<i>Politeness</i>					
<u>LEARNING QUALITIES</u>	Needs Improvement	Below Average	Average	Good	Excellent
<i>Self-Motivated</i>					
<i>Organized</i>					
<i>Problem Solving Skills</i>					
<i>Demonstrates Integrity/Honesty</i>					
<i>Shows Respect for Self</i>					
<i>Shows Respect for Others</i>					
<i>Understands the Viewpoint of Others</i>					

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 may not 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.

If this option is selected, purchasing details will be sent to you and confirmation of payment will be required

OR

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

(Insurance Company)

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 *Please attach a copy of insurance card.*

Understanding of Transportation Obligation

We/I the undersigned parent(s)/guardian(s), do hereby give permission for our child to drive/ride to and from the classroom site. The parent(s)/guardian(s) will define guidelines regarding this privilege (see below).

As the parent or guardian of above named student, we direct that the following transportation guidelines apply to the student.

May drive to and from the classroom site.

Furthermore, we verify that our child has automobile insurance, or is covered by automobile insurance policy.

Automobile insurance company (if driving): _____

Please attach a copy of auto insurance policy.

Account/Member Number : _____ Name of Agent: _____
Telephone _____

May not drive to and from the classroom site, but may be a passenger in:

A school/contracted vehicle

Parent approved alternative transportation

PLEASE ATTACH COPIES OF BOTH INSURANCE CARD/AUTO POLICY

District 214 Internship Program 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. Students will be expected to strictly follow attendance, dress code, cell phone use, and other policies established with the supervisor.

If you have any questions please do not hesitate to contact Scott Gustafson: (847) 718-7867 or scott.gustafson@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 old 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.

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. ParentConsent

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