



Submit application (with two teacher recommendations, signed Training Agreement, and Schedule Form) to Mrs. Tyson in Room 226. Place under door if not available.

INTERNSHIP APPLICATION

Prerequisite for the Student Intern

An internship is designed for students in the 11th/12th grade. The internship must align with the student's college and career goals. Students applying for an internship should have a minimum GPA of 2.5, and should not have more than 5 absences per term. Two {2} teacher recommendation letters must be submitted with the application below.

Last Name: _____ First Name: _____ Middle _____
Student ID#: _____ Grade Level: _____ Counselor: _____
Street Address: _____
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. Please be specific.

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 had:

Please describe any industry tours or site visits you have had and your thoughts on those experiences:

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:

Please use this space to list your skills or to further explain your interest in this field and future career goals.

List two high school teachers who can attest to your performance as a student: (give recommendation form to each teacher)

Name:

Position:

I want to intern: ☐ Fall Semester ☐ Spring Semester

Internship to be scheduled: ☐ during 4th Period ☐ after school ☐ other _____

Counselor's Approval/Comments, if any: _____ Student may intern _____ Student may not intern

Counselor's Signature: _____

Do you have a Business Sponsor/Mentor lined up to intern with? ☐ Yes ☐ No If yes, Training Agreement must be signed – see pp. 5-6.

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

WFHS Internship Teacher Recommendation Form

This recommendation is being completed for a student who is applying to participate in the internship program. Each applicant must have two teacher recommendation forms completed and signed. Please rate the student honestly on the characteristics below and return this form to the student. Thank you!

Student Name:				
Teacher Name:		Email:	Phone:	
Please rate this student honestly on the characteristics below.				
	Excellent	Above Average	Average	Needs Improvement
Attendance/Punctuality				
Cooperation/Teamwork				
Follows Direction				
Solves Problems				
Takes Initiative				
Responds to Suggestions				
Works well with or without supervision				
Completes Assignments and tasks on time				
Treats others with Respect				
Student Strengths:				
Student Areas for Improvement:				
Other Comments:				

WFHS Internship Teacher Recommendation Form

This recommendation is being completed for a student who is applying to participate in the internship program. Each applicant must have two teacher recommendation forms completed and signed. Please rate the student honestly on the characteristics below and return this form to the student. Thank you!

Student Name:				
Teacher Name:		Email:	Phone:	
Please rate this student honestly on the characteristics below.				
	Excellent	Above Average	Average	Needs Improvement
Attendance/Punctuality				
Cooperation/Teamwork				
Follows Direction				
Solves Problems				
Takes Initiative				
Responds to Suggestions				
Works well with or without supervision				
Completes Assignments and tasks on time				
Treats others with Respect				
Student Strengths:				
Student Areas for Improvement:				
Other Comments:				

WCPSS School to Career Internship Program INTERNSHIP AGREEMENT

Student Name: _____

Organization: _____

Supervisor Name & Title: _____

Supervisor Email: _____

Organization Address, City, Zip: _____

Organization phone #: _____ FAX #: _____

Internship start date: _____ Number of weeks: _____ # Hours per week _____

Internship end date: _____

Rate of pay (if applicable): _____ per _____ Frequency payment: _____

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 Internship Supervisor.
3. Consult with the Internship Coordinator bi weekly or as assigned by the Internship Coordinator.
4. Be regular in attendance and on time to assigned internship and notify the Internship Coordinator and internship 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 WCPSS internship credit requirements.
9. Abide by any regulations, practices, and procedures of the Wake County Public School System and the Wake County Public School System Internship Program.

The Internship 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 internship 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 (minimum of 2 times).
5. Assess the student intern using the WCPSS internship rubric.

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 Internship Coordinator.

The Internship 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 Internship Coordinator if the student intern is not attending the internship promptly and regularly.

Student Intern Signature date

Internship Supervisor Signature date

Parent/Guardian Signature date

Internship Coordinator Signature date



Wake Forest High School Internship Program

Mrs. Susan Tyson, Coordinator
Room 226, 919.554.8611, ext.23700, styson@wcpss.net

Add Internship Course to Schedule Form

Date: _____

Student First Name _____ Last Name _____ Middle Name _____

Parent/Guardian Name _____

Parent Email _____ Parent Phone # _____

Internship Semester: ____ 1st ____ 2nd Course to Be Added: CS972XO Credit: 1 credit

Course (s) to be dropped: (Complete only if you have your schedule of courses)

Course Name _____ Course # _____ Period _____

Course Name _____ Course # _____ Period _____

Internship Period: 1st 2nd *3rd 4th 5th

I have discussed my desire to intern this semester with Mrs. Tyson. I have met all requirements:

- Junior or Senior
- Submitted the following to Mrs. Susan Tyson: **1) Internship Application 2) Resume 3) Two Teacher Recommendation forms and 4) Internship Agreement form signed by all parties**
- Minimum GPA of 2.5
- Able to provide own transportation
- Will obtain the MINIMUM required 135 hours
- * If you are interning 3rd period, **you will need to submit an early release form** for 4th period.

Student Signature _____ Date _____

Career Development Coordinator's Signature _____ Date _____

Please submit this form and a copy of your signed Training Agreement to your Counselor for his/her approval (Graduation requirements will be reviewed.) Your counselor will forward this form to Ms. Simons, API for her review and approval. Ms. Simons will forward to Ms. Graton, Data Manager. Finally, if you are approved, Ms. Graton will update your schedule to reflect your internship and, if applicable, will input your early release.

----- Office Use Only -----

1) Counselor's Signature of Approval _____ Date _____

2) Ms. Simons' Signature of Approval _____ Date _____

3) Ms. Graton's Signature of Internship Course Addition _____ Date _____