



Meridian Technical Charter High School

3800 N. Locust Grove ♦ Meridian, ID 83646 ♦ (208) 288-2928

Work-based Learning/Paid Internship Agreement Form

Student Name	Grade Level: 12 (senior)	Today's Date
Home Street Address		
City, State, Zip		
Home Phone: Student Cell Phone:	Student Email:	
Student's Career Pathway at MTCHS <i>(Please check one)</i>		
<input type="checkbox"/> Electronics/Pre-engineering	<input type="checkbox"/> Media Arts	
<input type="checkbox"/> Computer Networking/PC Repair	<input type="checkbox"/> Computer Programming/Web Development	
Specific details regarding the internship experience		
SEE ATTACHED INTERNSHIP REQUEST		
Internship Site Company Name		
Employer Street Address	City, State, Zip	
Site Supervisor (Print Name)	Department/Job Title	
Telephone Number	Fax Number	E-mail
MTCHS Work-based Learning Coordinator		
Cheryl D. Deitchler		
<p><i>Note: The parents, student, and WBL site employer understand that during this paid internship, the student may perform learning tasks similar to other employees. The employer agrees to assume responsibility for the student within the scope of his/her employment. The student and parents understand that there is insurance coverage provided by the employer and/or the school for on-the-job accidents or illnesses in for form of workers compensation only. Students must provide evidence of medical coverage prior to participation in this program. It is further agreed that the Meridian Technical Charter High School, the Meridian School District, its officers, officials, employees, and volunteers will be held harmless against all claims, losses, injuries, damages, liability, or suits including attorney's fees, arising out of the student's participation in this internship/work-based learning experience.</i></p>		

- All parties (student/parent/guardian/school) understand that the student is entitled to wages for the time spent in the learning experience.
- An intern training and evaluation plan will be coordinated by the school and the employer/learning site.

The work-based learning/internship program at Meridian Technical Charter High School is planned to develop students academically, vocationally, and socially. To meet this goal, each student must assume the following responsibilities as an active participant in the program.

The student agrees to

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- Complete all required forms in a timely manner
- Complete 280 internship hours – a Competency of the Senior Internship Class
- Abide by both workplace and school policies including dress code and proper conduct
- Confer with employer to set a regular schedule of work hours
- It is expected that you will work at the internship site Monday-Friday (exceptions: fitness days, if skiing; no school/holidays)
- To adhere to the agreed upon work schedule and provide any vacation dates at the beginning of the internship
- To drive yourself or have a parent or legal guardian drive to the internship site
- Understand that no carpooling to and from the internship site is allowed.
- Understand that you are entitled to mileage reimbursement for only driving to the internship site
- To be reimbursed for mileage a Mileage Reimbursement Form must be complete and be submitted with the timesheet for the week
- To refrain from participating in off-site activities outside of the work-day with work colleagues
- To leave cell phones on vibrate or off during work time
- To leave digital cameras and MP3 players in your vehicle or off-site
- Seek assistance for workplace problems
- Complete assigned work tasks
- Document time on task and maintain weekly time sheets
- Be punctual and maintain regular attendance at both school and workplace
- Notify the employer as soon as he/she knows that he/she will be absent from work
- Not leave the internship experience without approval of the MTCHS WBL Coordinator
- Acknowledge that he/she is not entitled to a job at the completion of the learning experience
- Understand that dishonesty in school, at work, or the community may be grounds for dismissal from the internship experience
- Acknowledge that both the employer/learning site and MTCHS Work-based Learning Coordinator will evaluate his/her success during the internship experience
- Understand that your initial below indicate that you have read the Senior Internship Class Syllabus and understand the contents

Student Intern Initials: _____

The Meridian Technical Charter High School agrees to

- Meet and confer with the internship site personnel regarding evaluation of the student
- Evaluate and determine the grade for the internship
- Monitor progress and evaluate student at regular intervals during the internship experience
- Serve as a liaison for all parties named in this agreement

MTCHS Coordinator Initials: _____

The Employer/Learning site agrees to

- Provide appropriate job orientation include safety precautions, conduct policies and procedures
- Provide the learning situation, equipment, and training experience to the student
- Structure learning by assigning appropriate work tasks
- Evaluate student's progress at regular intervals throughout the learning experience
- Provide student with on-going instruction at the worksite and close supervision and mentoring throughout the learning experience
- Restrict both the hours and type of work that interns can perform in order to safeguard the student's well-being, health and safety, and progress in school
- Immediately contact the school to obtain medical information in the event of student's illness or injury and call for medical assistance, when necessary
- Not terminate any student intern without a conference with the MTCHS WBL Coordinator
- Conform to all federal, state, and local laws and regulations including those that pertain to compensation and prohibit discrimination on the basis of race, national origin, religion, creed, sex, or disability with regard to the placement of the student
- Reserve the right to deny a student continued participation in the program at its business site
- Obtain and maintain Worker's Compensation Insurance and compensate the student as an employee for the duration of the internship

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Employer's Initials: _____

The Parent/Guardian agrees to

- Grant permission for student participation
- Encourage the student to fulfill his or her agreement and to succeed in school work and job performance
- To communicate with the school coordinator if problems arise
- To support the intern's compliance with the identified work schedule and identify any vacation at the beginning of the internship
- To accept responsibility for any negligent actions by or on behalf of the student
- Authorize any emergency medical care and/or procedures deemed necessary
- To assume all medical and/or emergency costs related to the work-based learning experience not covered by worker's compensation.
- Understand that at the completion of 280 hours, the student is not entitled or guaranteed a job, and the internship company site is not required to offer the student a job.
- Arrange transportation to and from the internship experience for the student
- Understand that the student is not allowed to carpool with other students.
- Inform the WBL Coordinator of facts vital to progress and success of student
- To allow the internship site company to release information concerning the student to the school.
- Understand that your initials below indicate that you have read the Senior Internship Class Syllabus and understand the contents

Parent's Initials: _____

Agreement Start Date: _____

Agreement End Date: _____

Complete the intern work schedule:

- Indicate the beginning and ending time for each day of the week

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

This agreement constitutes a working relationship of all parties involved and may be terminated at any time by the employer or school via verbal or written format.

Each party shall defend, indemnify, and hold the other party, its officials, employees, and volunteers harmless from any and all claims, injuries, and damages caused by each party's own negligence.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Internship Site Company Representative/Supervisor _____ Date _____

MTCHS Work Based Learning Coordinator Signature _____ Date _____

**AGREEMENT MUST BE SIGNED AND RETURNED TO THE COORDINATOR
BEFORE INTERN HOURS WILL BE ACCEPTED.**

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