

DATE _____

STUDENT _____



CAREER EXPLORATION INTERNSHIP PROGRAM (CEIP)

GATES CHILI HIGH SCHOOL

1 Spartan Way
Rochester, NY 14624
Internship Coordinator
Dan Lanning—247-5050 x 2720
daniel_lanning@gateschili.monroe.edu

APPLICATION AND AGREEMENT

***Please return all materials to Mr. Lanning in the Career Center within 2 weeks of receiving the packet.**

NAME _____

DATE _____

STUDENT _____

Internship Instructions

1. If you are considering requesting an internship, it is recommended that you shadow in the job first. Shadowing applications are available in the Career Center. Turn it in to Mr. Lanning in the Career Center and a shadowing placement will be arranged for you.
2. Make an appointment with Mr. Lanning in the Career Center to discuss your internship plans.
3. Complete the application form and program agreement information and submit them to Mr. Lanning in the Career Center.
4. When a placement is made, you will receive an internship workbook containing all the information you will need to complete your internship successfully.
5. You are required to complete journal entries throughout your internship.
6. Complete journal entries and time sheets and submit them to Mr. Lanning in the Career Center every two weeks.
7. You are to meet with Mr. Lanning every Thursday during 8th period to discuss how the internship is going. If you cannot attend, please notify Mr. Lanning.
8. Complete the final project at the end of the internship.
9. Write a thank you letter to your mentor and provide a copy to Mr. Lanning
10. Final Project is due 1 week following the completion of the internship.

DATE _____

STUDENT _____

STUDENT RESPONSIBILITY APPLICATION MATERIALS

- _____ Registration Form
- _____ 1 Teacher, 1 Counselor, and 1 Administrator Evaluation
- _____ Copy of transcript
- _____ Copy of report card
- _____ Copy of attendance
- _____ **Resume—must be given to coordinator**

DATE _____

STUDENT _____

Gates Chili CEIP Program

Student Rules and Obligations

1. I understand that my CEIP experience does **not** take the place of my academic responsibilities, but enhance my high school education. Failure of any core graduate requirement course could result in dismissal from the program.
2. Poor citizenship in school could result from dismissal from the program.
3. I will contact my Coordinator immediately regarding any problems occurring on the job.
4. I will give ample notice to my employer of planned vacation days, school sponsored activities, illnesses which will affect my work schedule. (In accordance with company policy)
5. I will be honest and truthful with my Employer and Coordinator. If I am dismissed from any employment site, due to honesty and integrity, I will fail the marking period and jeopardize my status and credit in CEIP.
6. I will complete, by designated deadlines, a wage and hour form on a **bi-weekly** basis and have it signed by my supervisor. A minimum of 120 hours must be accumulated for a full credit, and 60 for a half credit. I further understand that I will fail any quarter in which I have NOT turned in the required wage and hour forms.
7. I will not change my work site without prior notification or approval from my Coordinator. If a change is made, I will supply the coordinator with the new supervisor's name and number. Failure to do so will have an impact on my quarterly grade.
8. I understand that my education is my first priority and will limit the hours worked per week when school is in session. I will also notify my employer if my work schedule is having an adverse affect on my performance in school.
9. An early dismissal form must be filled out before you will be allowed to leave school to go to work. **If you are not working during school hours, you will not be allowed to leave during that day. You must stay in Senior Resource.**
10. I will attend the weekly meeting held in the Coordinator's classroom. **Time sheets, monthly projects, quarterly projects, journals, and quarterly employer evaluations will be turned in** during these meetings. Lessons relevant to the workplace will be reviewed during these classes. Failure to attend the weekly meetings will result in dismissal from the program.

Internship Coordinator Signature

Student Signature

DATE _____

STUDENT _____

Gates Chili CEIP

Registration Form

Name _____

Phone # _____

Address _____

City/State/Zip _____

E-Mail _____

SS # _____ Grad. Year _____

Counselor _____

Administrator _____

Faculty Advisor _____

1st Per. Room # _____

Semester Preferred Fall

Spring

Internship Hours Availability Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
Weekends _____

Career Interest _____

Internship Interest _____

Career Pathway _____

List relevant career pathway courses you have taken or plan to take.
(eg. English, Business, Math)

How did you become interested in this career?

Description of your specific objectives. What do you hope to learn from this internship?

1.

2.

Do you have a friend or relative in this career?

List hobbies, interests, sports, clubs, etc.

When do they meet?

Do you have a job? _____

What days? _____

DATE _____

STUDENT _____

Gates Chili CEIP

The following signatures are required to obtain approval for this Career Experience Internship Program.

Signatures are to be obtained in the order listed below. THIS CONTRACT IS NULL AND VOID IF ALL SIGNATURES ARE NOT PRESENT.

1. Internship Coordinator *

I have developed, in conjunction with the student, the attached course synopsis, responsibilities and evaluation, and I agree to work with the student on the Career Experience Internship Program.

Signed: _____ Date: _____

2. Student

I have developed this internship with the coordinator and agree to carry out assignments to fulfill this Career Experience Internship Program. I accept the responsibility of obtaining all necessary signatures including my workplace mentor in a timely manner.

Signed: _____ Date: _____

3. Parent *

I have read this proposed internship program and agree that my child may participate. I understand that the Workplace Supervisor, Internship Coordinator, and the Principal must also approve the agreement.

Signed: _____ Date: _____

4. School Counselor *

I have discussed this internship program with the student and feel it is an appropriate part of his/her course selection for the present school year. This student is on track for graduation and is on track for this academic experience.

Signed: _____ Date: _____

5. Principal of High School *

I give permission for this internship program to be completed. This student meets attendance and is currently a student in good standing.

Signed: _____ Date: _____

*** If not approved, the following changes are recommended to be considered for a future internship opportunity:**

CAREER RESEARCH WORKSHEET**Desired occupation for the internship**
_____**Choices**

Using **Choices Planner**, complete the following assessments and print the results. These results should be added to your Internship Notebook.

1. Interest Profiler
2. Work Values Sorter
3. Basic Skills Survey
4. Workplace Skills Checklist
5. Transferable Skills Checklist

Determine your MBTI code:

The Myers-Briggs Type Indicator uses four letters to describe how people prefer to do things and how they think about the world. After completing the Myers-Briggs assessment, you are assigned one of two letters in four personality areas: E for Extraversion or I for Introversion; S for Sensing or N for Intuition; T for Thinking or F for Feeling; and J for Judging or P for Perceiving. An informal MBTI assessment can be found in your Internship Workbook.

Find your desired occupation in **Choices Planner**. Answer the following questions.

1. Go to the **'Is This For You?'** section:

What Work Interests are compatible with this career?

What are your Work Interests?

What Work Values are generally associated with this career?

What are your Work Values?

DATE _____

STUDENT _____

2. How much and what kind of education and/or training is necessary for this career?

3. What are the duties or typical work tasks associated with this career?

4. What is the National Average Annual Wage for this position? _____ -

5. What is the New York State Average Annual Wage for this position?

6. What is the National Employment outlook? (increasing/decreasing/stable)

Percentage of change expected Nationally?

7. What is the New York State Employment outlook?

Percentage of change expected in New York State?

8. What are some occupations related to this career?

DATE _____

STUDENT _____

9. What skills and abilities are important in this career area?

10. What kind of environment (setting, location, etc.) is typical for this career?

11. If a college education is necessary, what major would best prepare you for this career?

12. Name 3 colleges or universities that offer this major.

1.

2.

3.

13. Choose one of these colleges/universities. _____

14. How difficult is it to be accepted at this college/university?

15. What percentage of applicants is accepted? _____

16. What is the SAT range of most of the accepted students?

SAT Math: _____

SAT Verbal: _____

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STUDENT _____

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PROGRAM OVERVIEW AND AGREEMENT

Student Name _____

Career Interest _____

DATE _____

STUDENT _____

PROGRAM OVERVIEW AND AGREEMENT

MISSION

The Career Internship Program will provide students with a realistic view of career opportunities through involvement in actual work settings and will assist students in making informed decisions regarding their post-high school planning.

OBJECTIVES

- To help students clarify their career goals and attitudes toward career planning through practical hands-on work experience
- To increase students' understanding of the knowledge and skills required to succeed in a given career
- To help students observe, develop, and apply positive work habits
- To provide students with a greater awareness of career options, academic requirements, and the resources available in the community
- To establish positive relationships between the internship site, the school and the community

DATE _____

STUDENT _____

**Gates Chili High School
Career Exploration Internship Program
Internship Guidelines**

The CEIP allows juniors and seniors to broaden their career awareness by working with professionals. Interns are not paid but receive school credit and an internship evaluation. Criteria for student selection are motivation, responsibility, initiative, character, and satisfactory academics.

Parent or Guardian's Permission:

- The parent/guardian along with the student shall be responsible for the student's conduct while at work and shall comply with the rules and regulations of the employer and the high school.
- I understand the student is responsible for their transportation to and from the work station, and that the employer are in no way responsible for any incidents or accidents that may occur while students are going to or from work.
- I understand that this experience is to be supervised by the Internship Coordinator and that my child will be under direct supervision of an authorized employee of the sponsoring work location.
- I understand the student will be responsible for their own transportation.

Student Responsibilities:

- The student will comply with the rules set up by the school, employer, and coordinator.
- The student will notify the employer and coordinator if it is necessary to be absent from school/work.
- The student will be in regular attendance in school and at work. **No School, No Work.**
- Should the student be dissatisfied with the internship placement, he or she agrees to complete a minimum of 10 hours and will meet with the coordinator to discuss further options.
- The student will participate in the end-of-year employer appreciation activity.
- Student must successfully complete Career and Financial Management Course.
- Student will successfully complete required weekly logs and culminating project.

Employer/Mentor Responsibilities:

- The student' will be provided structured training and will be under the supervision of an experienced and qualified person.

DATE _____

STUDENT _____

- The student will receive the same considerations given employees in regard to safety, health, social security, general working conditions, and other regulations of the firm and all Federal, State and Local Laws.
- The employer will notify the coordinator if any problems arise and/or changes are necessary..
- The employer will have conference sessions with the student and coordinator and assist in the student's evaluation.
- CIVIL RIGHTS STATEMENT: The cooperating employer agrees that the student will be accepted in accordance with State and Federal laws which prohibit discrimination because of race, color, national origin, sex, or handicap.

Internship Coordinator's Responsibilities:

- The coordinator will prepare a internship plan and review all course requirements with the student.
- Will visit the internship sites.
- State and district graduation requirements will be met.
- The coordinator will contact the employer and discuss the student's progress and any concerns during the grading period.

All Parties Agree:

- Any parties will terminate be given sufficient notice of any changes.
- All parties will assist in determining the goals and objectives of the internship.
- Good communication between all parties is vital if objectives of the program are to be met. Joint conferences between the student, employer, and coordinator will be held.
- Students will earn a ¼ credit for 30 hours, ½ credit for 60 hours, 1 credit for 120 hours of internship programming.

Credit

School Credit will be granted based on the hours listed below:

30 hours=	.25 unit of credit
60 hours=	.50 unit of credit
120 hours=	1.00 unit of credit

Proposed Days and Times for Internship _____

INSURANCE

Students participating in the Career Internship Program will be covered by the district's accident policy for accidental injury suffered while at the internship site and traveling to and from the site. The school accident policy provides coverage after exhaustion of all

DATE _____

STUDENT _____

other coverage afforded the student under any other policy of medical insurance. The following identifies the family's insurance coverage:

Insurance Carrier: _____

Policy Number: _____

Preferred Hospital: _____

TRANSPORTATION

All students in the Career Internship Program must arrange their own transportation to and from the work site. **If students are driving themselves, it is the responsibility of the student to complete the Parental Approval for Transportation form and to obtain a parking permit from the Senior Class Office.** The Parental Approval for Transportation form is on page 7 of this packet.

Who will be providing transportation? _____ Student driving self
_____ Parent driving
_____ Other, please specify _____

SCHEDULING AND LOCATION

Internship placements can be anywhere in the Rochester area. Whenever possible, placement locations will be arranged to be convenient to the Gates Chili area. After the application materials have been submitted to the Internship Coordinator, a placement will be made and a work schedule will be arranged to be convenient for both the mentor and the student. Details will be provided to the student as soon as a placement is made.

I agree to the terms of this agreement as stated above:

Student Intern Signature

Date

I acknowledge and approve of my child's involvement and commitment to the Career Internship Program.

I acknowledge that I have read and understand this agreement.

I agree to the terms of this agreement as stated.

I give my consent for my child to participate in the Career Internship Program.

DATE _____

STUDENT _____

I certify that the medical insurance specified on the previous page is in full force and effect.

Parent/Guardian Signature

Date

Counselor Signature

Date

DATE _____

STUDENT _____

PARENTAL APPROVAL FOR TRANSPORTATION

Gates Chili has a number of programs in which students and/or their families are asked to provide student transportation. These include Career Shadowing, Internships, Co-operative Work Experience and community service requirements for Participation in Government classes. Of course, student safety is of utmost concern. It is suggested that parents and students review the guidelines for student transportation listed below.

- Always exercise care and maturity in driving.
- Review your driving plans with your parents and/or teacher.
- Avoid any unnecessary distractions; limit your passengers to one, if possible.
- Be sure you have reviewed your travel route and are clear on any directions required. Consult a map if necessary.
- If weather conditions make driving dangerous, check with your parents and/or internship coordinator for advice regarding possible cancellation of your travel plans. Be sure to contact those expecting you that you will not be arriving, however.
- In bad weather, if it is determined that it is still safe to drive, be sure to exercise extreme caution.

My signature below assures that:

- I have read the safety recommendations above.
- I will speak with my son or daughter about driving safely.
- I give permission to my son or daughter to drive to his/her internship site, the location of which will be determined when placement is made.

Student's Name _____

Parent Signature _____

Date _____