

# CTE INTERNSHIP

Washington County School District

121 West Tabernacle, St. George Utah 84770 – 435-673-3553, Fax 435-652-4720

## STUDENT APPLICATION FORM

### PERSONAL DATA

Student Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Semester Applying for: \_\_\_\_\_

Class periods during school: \_\_\_\_\_

High School you attend: \_\_\_\_\_

### CAREER INTEREST

Career goal: \_\_\_\_\_

### RELATED CLASSES TAKEN OR CURRENTLY TAKING IN HIGH SCHOOL, ONE MUST BE A CTE CLASS:

YEAR IN SCHOOL

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

### HEALTH AND ACCIDENT INSURANCE

- For paid work employment, work injuries and occupational diseases are covered by the employers' workman's compensation.
- For unpaid work experiences, work injuries and occupational diseases are covered by the local educational agencies' workman's compensation as specified in SB28.
- Any additional insurance desired is the responsibility of the parent.

### TRANSPORTATION

**NOTE:** It is the parents'/guardians' responsibility to provide transportation to and from the work-based learning site. Students are not allowed to transport one another.

### SKILLS

List any skills you may have that will help you with this internship (e.g. computers, welding, Microsoft suite)

\_\_\_\_\_

I have prepared this application accurately and completely. If I am selected for this program, I will take full advantage of every opportunity to improve my skills and efficiency in both the classroom and in the world of work.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

For office use only: Accepted \_\_\_\_\_ Denied \_\_\_\_\_



**CTE INTERNSHIP**  
**Washington County School District**  
**SUPERVISOR/EMPLOYER PROGRAM AGREEMENT**

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Student Employee Name \_\_\_\_\_

Job Title \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Please list the responsibilities & expectations required of the above named employee (including job duties, attendance policy, dress code, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

As a participant in the CTE Internship program, I will help my student employee to develop job skills and gain valuable experience through his/her job. I will complete a periodic review of employee performance (included with Time Sheet, to be provided by the school) and discuss areas of progress and/or failure with him/her. I will also notify the school in the event that the student is fired or quits so the he/she may be removed from the program.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

Washington County School District is committed to providing educational and employment opportunities to students without regard to race, color, sex, religion, age, national origin or disability in accordance with Title VI of the Civil Rights Act of 1964, Title XI of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the age Discrimination Act of 1975, and with the Americans with Disabilities Act.

# CTE INTERNSHIP STUDENT/PARENT COMMITMENT

Student Name \_\_\_\_\_

Business Name \_\_\_\_\_ Work Site Supervisor \_\_\_\_\_

**I AGREE TO ALL OF THE FOLLOWING:**

1. To understand activities that provide a comprehensive view of the organization. Focus on the roles, responsibilities, and functions of my supervisor or department.
2. To consult with my work-based learning coordinator on a regular basis regarding my internship experiences. The coordinator gives the final grade.
3. To be in regular attendance and on time to my assigned work site.
4. To notify my sponsors prior to my absence.
5. To notify work-based learning coordinator should accident or illness cause me to miss my internship.
6. To notify work-based learning coordinator if any problems or concerns arise regarding my internship.
7. To conform to the regulations of the organization where I am working (dress, conduct, etc).
8. I understand that if I fail to attend my internship or quit without approval from my work-based learning coordinator that I will receive an "F" on my report card. This "F" grade is not negotiable to be changed.
9. To keep a record of my internship experiences and submit the required forms at the designated time.
10. To make every effort to do my best on my work site.
11. It is the parents'/guardians' responsibility to provide transportation to and from the work-based learning site.  
**Students are not allowed to transport one another.**
12. For paid work employment, work injuries and occupational diseases are covered by the employers' workman's compensation.
13. For unpaid work experiences, work injuries and occupational diseases are covered by the local educational agencies' workman's compensation as specified in Senate Bill 28. Any additional insurance desired is the responsibility of the parent.
14. Under no circumstances will I ever transport other students in my vehicle while in route to or from my internship.
15. Grading:
  1. Complete any assignments given on time and well done.
  2. Regular attendance at the work site.
  3. Turn in all paperwork on time.
  4. Attendance at all seminar meetings.
16. To legally be off campus you need to check out in the office before you leave.

**Due Dates:**

You must turn in all paperwork included in the **STUDENT APPLICATION** and receive approval **before you start** your Internship.

Your **time card** is due on **the 1<sup>st</sup> of each month**. Failure to submit your time card on time will lead to your grade being lowered.

The **WORK SITE EVALUATION OF STUDENT WORKER** and **THE STUDENT EVALUATION OF WORK SITE EXPERIENCE** is due on **7 days before the end of the semester**. Late papers will be accepted with the possibility of your grade being lowered.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Parent Notification Form

Student Name \_\_\_\_\_

### Parents/guardians to contact in case of Emergency

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell/Pager Phone \_\_\_\_\_

### Other Adults to contact if parent is unavailable:

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I (we), the undersigned parent/guardian of \_\_\_\_\_ a minor, do hereby authorize the above named people as agent(s) for the undersigned to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of and physician and surgeon licensed under the provisions of the Medicine Practice Act. This authorization shall remain effective until \_\_\_\_\_, unless sooner revoked in writing and delivered to said agent(s).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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# WORKER'S COMPENSATION INSTRUCTION SHEET

## NON-PAID STUDENT INTERNSHIPS WASHINGTON COUNTY SCHOOL DISTRICT

In the event of an emergency care need, the injured student intern should adhere to the following procedures:

1. Check yourself
  - a. No one knows your body like you do. If you feel that the injury requires emergency medical care do not hesitate to call 911
2. Call Company Nurse 1 (888) 375-0279
  - a. Company Nurse is a hotline wherein WCSD employees may speak with a registered nurse about their workplace injury.
  - b. ALL workplace injuries must be reported to Company Nurse regardless of whether or not the student intern is seen by a physician. Workplace injuries should be reported within 24 hours of sustaining the injury.
  - c. Company Nurse is the procedure whereby employees document workplace injuries.
3. Go to Workmed (If directed)
  - a. Student Interns who are either directed to be seen by a physician, or who wish to be seen by a physician following a workplace injury must go to WCSD's designated medical facility: IHC WorkMed. Student interns should not go to another physician unless directed. Failure to follow this procedure may result in a denial of claim. IHC WorkMed is located at the following address:

**IHC WorkMed**  
385 N. 3050 E.  
St. George, UT 84790

4. Give all relevant medical documents to Risk Management
  - a. In order to properly process your Worker's Compensation claim, the WCSD Risk Manager will need copies of all medical documents received from WorkMed, Company Nurse, and all other relevant medical professionals seen as a result of the injury.
  - b. The WCSD Risk Manager may be contacted using the following information:

**Michael Lee**  
michael.lee@washk12.org  
435.673.3553 x 5110

By signing this document, I acknowledge that I have read the information contained herein. I understand that this document is purely informational and not a guarantee of coverage. I further understand that Worker's Compensation coverage may be denied should I sustain an injury as a result of willful negligence or horseplay.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

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