



Northeast Regional School of Biotechnology and Agriscience Internship Agreement

Nondiscrimination Disclaimer

The Northeast Regional School of Biotechnology and Agriscience Programs do not discriminate on the basis of race, color, national origin, gender, disability, religion, or age in its activities and programs, including employment policies and practices.

Northeast Regional School of Biotechnology and Agriscience

Please Print

STUDENT INTERN'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ STUDENT CELL #: _____

STUDENT EMAIL: _____

INTENDED CAREER PATHWAY: _____

STUDENT BIRTHDATE: _____ ARE YOU 18? YES No

****IF YOU ARE NOT 18 YOU MUST PROVIDE A COPY OF YOUR WORKER'S PERMIT.**

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMAIL CONTACT: _____

INTERNSHIP BUSINESS NAME: _____

ADDRESS: _____

BUSINESS PHONE: _____ CELL: _____ FAX: _____

SUPERVISOR/SPONSOR: _____ EMAIL: _____

PAID OR UNPAID (*circle one*) HOURLY WAGE (IF PAID) _____

Student: _____ Job Title: _____

School: _____ Training Site: _____

Student Responsibilities

- Must be at least 16, completed at least one CTE course, and be a Junior, Senior, or Super Senior to earn internship credit. Interns under the age of 18 and completing a paid internship, must obtain a worker's permit and provide a copy to Career Development Coordinators (CDC) no later than the first day of work. See the NC Dept. of Labor Website for link to worker's permit.
http://www.nclabor.com/wh/youth_instructions.htm
- Complete the Intern Time sheet noting date, tasks performed, time in, time out, and hours worked.
- Turn in times sheets signed and dated by the employer for the previous month by the 5th of each month to the Internship Coordinator. Interns are required to work at least 135 hours (paid or unpaid) to earn credit.
- Have and maintain regular attendance and acceptable behavior at school.
- Provide transportation to the work site.
- Follow the employer's rules and regulations (i.e. notify in advance of any absences from work.)
- Interns must complete an Electronic Career Readiness Portfolio as a final exam grade.
- Interns must provide the Internship Coordinator with the Internship Contract signed by the parent/guardian before the start date.
- Interns may not work at work site on regular school days unless schedule allows and must be pre-approved by administration. However, interns may work on scheduled workdays/holidays/weekends, etc.
- Interns may not report to work if school is cancelled or dismissed due to inclement weather. Interns are reminded to contact their employers in this event.
- Interns may not quit an internship without approval of the CDC, Coordinator, or Administration. Interns should notify CDC/Coordinator of any work-related problems.
- Read and sign Internship Agreement and Release Form/Confidentiality Statement.
- Check school email on a daily basis and refer to school web page for deadlines.

Signature of Student: _____ Date: _____

Parent Responsibilities

- Assume responsibility for any action of the student upon departure from campus including insurance and transportation.
- Read and sign internship agreement and release form/confidentiality statement
- Maintain contact with CDC/Internship Coordinator regarding intern work issues

Signature of Parent: _____ Date: _____

CDC/Coordinator Responsibilities

- CDC/ Internship Coordinator will approve intern based upon requirements outlined in this Internship Agreement, and inform students of job opportunities.
- CDC/Internship Coordinator must maintain intern file with Internship Agreement, Program of Work, and Electronic Career Readiness Portfolio (ECRP).
- CDC/Internship Coordinator will maintain contact with the employer and provide assistance with student training issues. He/she will be available to resolve complaints with all parties involved.
- CDC/Internship Coordinator will assist in the evaluation of the student and will collaborate with employer to determine grade for ECRP and course grades.
- Internship Coordinator will collect monthly time sheet and semester evaluations.

Signature of CDC/Coordinator: _____ **Date:** _____

Supervisor Responsibilities

- Supervise intern, obtain emergency contact information from intern, and provide safe work environment.
- Complete and return the Intern Evaluation by the end of each nine weeks and the program evaluation at the end of the semester.
- Verify student work hours by signing and dating Intern Timesheet (or provide a time sheet by employer payroll with signature and date).
- Work with intern to ensure that a minimum of 135 hours (paid or unpaid) are worked.
- Work with interns under the age of 18 to provide information for worker's permit.
- Notify CDC or Coordinator of problems or work-related concerns.
- Collaborate with CDC, Intern Coordinator, and student to complete a Program of Work outlining the goals of the internship, competencies to be mastered by the intern, and the strategies to be employed to achieve the goal of the internship.

Supervisor Signature: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

RELEASE FORM / CONFIDENTIALITY STATEMENT:

Each intern and parent must agree to the following terms to participate in the Student Intern Program:

1. RELEASE FORM

The staff of the Internship program and all community intern sponsors will make every effort to insure the health, safety, and welfare of all student interns. In the event of an accident, illness, or emergency, no community sponsor, employee of the sponsor or of Northeast Regional School of Biotechnology and Agriscience shall be liable for any injury, loss, damage, delay or curtailment, however caused, or the consequences thereof, which may occur during any portion of the internship program. I have read the above paragraph and accept the statements set forth.

2. CONFIDENTIALITY STATEMENT

While serving as an intern for NERSBA, I understand that it is my legal and ethical responsibility to keep all information obtained during my internship in complete confidence forever.

I promise to adhere to this policy of confidentiality. I understand that the credibility of my/the student's internship will be directly affected by my adhering to this policy. I also understand that breach of confidentiality will result in termination of the internship.

I AGREE TO THE ABOVE 2 ITEMS.

Student Signature: _____ **Date:** _____

Parent /Guardian Signature: _____ **Date:** _____

CONSENT TO RELEASE PICTURES/STATEMENTS: (Optional)

Photos or interviews may be made of me/my child during the internship to promote the program. This statement authorizes the taking and release of pictures/statements held by Northeast Regional School of Biotechnology and Agriscience pertaining to Internship.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

PROGRAM OF WORK – NAME OF INTERN: _____

GOALS OF INTERNSHIP /TASKS TO BE PERFORMED by the Student Intern:

COMPETENCY CHECKLIST (check all that apply)

Safety Skills: <input type="checkbox"/> Keeps work area clean <input type="checkbox"/> Fire drill procedure <input type="checkbox"/> Report dangerous conditions <input type="checkbox"/> Security measures <input type="checkbox"/> Machine operations/maintenance <input type="checkbox"/> General safety guidelines	Interpersonal Skills: <input type="checkbox"/> Participates as a member of a team <input type="checkbox"/> Teaches other workers <input type="checkbox"/> Serves customers/clients <input type="checkbox"/> Works with diverse cultures	Personal Skills: <input type="checkbox"/> Responsibility <input type="checkbox"/> Self-Esteem <input type="checkbox"/> Integrity/honesty
Thinking Skills: <input type="checkbox"/> Creative thinking <input type="checkbox"/> Problem solving <input type="checkbox"/> Reasoning	Technology Skills: <input type="checkbox"/> Applies technology at work <input type="checkbox"/> Uses equipment/machines w/technology <input type="checkbox"/> Sees technology at work	Information Skills: <input type="checkbox"/> Acquires and evaluates information <input type="checkbox"/> Organizes information <input type="checkbox"/> Uses computers to process information
Resource Skills: <input type="checkbox"/> Allocates time <input type="checkbox"/> Allocates material handling/products <input type="checkbox"/> Handles money	Basic Skills: <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Mathematics <input type="checkbox"/> Listening <input type="checkbox"/> Speaking	System Skills: <input type="checkbox"/> Understands company policies and procedures <input type="checkbox"/> Corrects performance <input type="checkbox"/> Respect for authority

ANY ADDITIONAL COMPETENCIES: _____

STRATEGIES TO BE EMPLOYED TO ACHIEVE GOALS OF INTERNSHIP_____

Student Signature	Date	Parent/Guardian Signature	Date
Supervisor Signature	Date	CDC/Coordinator Signature	Date