 

2021-2022 Intake Packet

Due by 9-10-2021

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

 **Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This Packet Contains the following documents:**

*Use the below list to be sure you have included all required documents to participate.*

*Please turn in all completed documents in this packet as directed.*

|  |
| --- |
| **Section I: Students and Parents***To be completed/signed by you and your parent/guardian:** Student Information
* Parent/Guardian Enrollment Consent
* Confidentiality and Security Agreement
* Harassment Acknowledgment
* Syllabus Acknowledgement

**Section 2: Students, Parents, and Supervisors/Mentors:** *To be completed/signed by you, your parent/guardian, and your mentor/supervisor:** Training/Expectations Agreement
* Training Plan
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**SECTION 1: STUDENTS AND PARENTS**

**Student Information**

Student Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship/Mentorship Period(s) *(check all that apply):* \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 \_\_\_6 \_\_\_7 \_\_\_8

Where are you taking courses this year *(check one): \_\_\_*On Campus \_\_\_Off Campus \_\_\_Both

Graduation Year *(check one):* \_\_\_2022 \_\_\_2023

*Clusters/Pathways are listed below:*

|  |  |
| --- | --- |
| * **Advanced Placement Academics**
* **Agriculture and Natural Resources**
* **Architecture and Construction**
* Arts, **A/V Technology**, and Communications
* **Business Management and Administration**
* **Education and Training**
* **Energy**
* **Finance**
* **Fine/Performing Arts**
* Government and Public Administration - **JROTC**
* **Health Science**
* **Hospitality and Tourism**

*(includes Culinary Arts, Sports & Entertainment Marketing)* | * **Human Services**

(includes Cosmetology, Interior Design, Nutrition & Food Science)* **Information Technology**
* **Law, Public Safety, Corrections, and Security**

(includes Firefighting, Criminal Investigations)* **Manufacturing**

(includes Mechatronics)* **Marketing**
* Science, Technology, **Engineering,** Mathematics
* **Transportation, Distribution, and Logistics**

(includes Auto, Aviation, Distribution Logistics)* **World Language**
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Please list your Cluster/Pathway(s) from above and the courses taken in your pathway(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is your Career Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Enrollment Consent**

*Directions: Please check that you have read and agree with the following statements:*

***Transportation Consent:***

School/bus transportation is not available to internship/mentorship sites.

|  |  |
| --- | --- |
|  **Yes\_\_ No \_\_** | My child has a valid driver’s license *(You may be asked to provide a copy of license.)* and will wear his/her seatbelt to the internship/mentorship site.  |
| **Yes\_\_ No \_\_** | My child is covered by automobile accident insurance *(You may be asked to provide a copy of insurance card.)* if he/she will be driving to an internship/mentorship site. |
| **Yes\_\_ No \_\_** | My child has my permission to travel *(drive or walk)* to the internship/mentorship site. |
| **Yes\_\_ No \_\_** | If my child does not have a driver’s license and automobile insurance, I agree to provide all transportation for my child from his/her high school to the internship/mentorship site. |
| **Yes\_\_ No \_\_** | I hereby release the internship/mentorship work site, local school, and Forsyth County Schools and any agents of the employer or the school system from any assurances as to the safety of the car and/or driver, and any responsibility or liability that may result from my child’s use of his/her individual form of transportation.  |
| **Yes\_\_ No \_\_** | I assume full responsibility for the conduct and safety of my child after dismissal from school, including days when my child is not required to be on the job.  |

***Healthcare Release:***

|  |  |
| --- | --- |
| **Yes\_\_ No \_\_** | I currently have health insurance. *(You may be asked to provide a copy of insurance card.)* |

|  |  |
| --- | --- |
| **Yes\_\_ No \_\_** | In order to provide the best possible care for my student, I understand that special health care needs or chronic conditions will be shared with appropriate school and internship/mentorship personnel. In the event of a life-threatening situation or critical injury, I hereby authorize that the school and/or the internship/mentorship staff may take appropriate emergency medical action, including calling 911 for transport to a hospital. I also give permission to the hospital emergency room staff to treat my student unless I am present and request otherwise. I will assume all financial responsibility full responsibility for the conduct and safety of my child after dismissal from school, including days when my child is not required to be on the job.  |

***Student Handbook:***

|  |  |
| --- | --- |
| **Yes\_\_ No \_\_** | I have reviewed the student handbook and the Forsyth County Schools Code of Conduct and Discipline Procedures. I am aware of school rules and regulations. |

***Photo/Media Release:***

|  |  |
| --- | --- |
| **Yes\_\_ No \_\_** | Permission is granted to photograph my child for promotional/educational purposes.  |

***Student Record Release:***

|  |  |
| --- | --- |
| **Yes\_\_ No \_\_** | I authorize Forsyth County Public Schools to release my child’s academic and attendance records to any potential employer, and I agree that Forsyth County Schools and its agents will be absolved of any responsibility in connection with such release. This authorization can be canceled at any time by written notice to the school program facilitator. |

***Screening for Illegal Substance Use:***

|  |  |
| --- | --- |
| **Yes\_\_ No \_\_** | Some employers require prospective employees to participate in drug screening procedures. In such cases, this procedure becomes a condition of participation/employment. |

**Confidentiality and Security Agreement**

An internship/mentorship student should comply with state and federal laws, local board policies and procedures, and supervisor directives relating to the confidentiality of employee and client personnel information and records.

Inappropriate conduct includes, but is not limited to, sharing in any format or medium, confidential information regarding academic and disciplinary records, providing unauthorized contact information (such as address, phone number, or Internet address), personal confidences, medical information, family status and/or income, assessment/testing results, and financial records.

**I understand and agree that:**

* I will keep all business/patient/client information confidential and will only disclose information if it is required for the performance of my employment/internship/mentorship.
* I will only use the business equipment for business purposes related to my employment/internship/mentorship.
* I will not discuss any confidential information, either patient/client related or related to the business operations, in public areas.
* I will keep all security codes and passwords used to access the facility, equipment, or other computer systems confidential at all times. I will not share passwords, I.D. badges, etc. with anyone and will safeguard passwords at all times.
* I will only access or view patient/client information, including my own, for that which is required for treatment, payment, or operations of employment/internship/mentorship. If I have any questions where access to certain information is required for me to perform my duties, I will immediately ask my supervisor/mentor for assistance.
* I will not disclose, copy, transmit, inquire, modify, or destroy confidential business/patient/client information without direct permission from my supervisor/mentor. This includes transmissions from the business to my home.
* I recognize that I have a duty to report any suspicious activity or security incidents to my supervisor/mentor or his/her officials.
* Once my employment/internship/mentorship is completed, I will immediately return all property (e.g. keys, documents, I.D. badges, lab coats) to my supervisor/mentor.
* I understand that violation of this agreement and/or the confidentiality forms provided by my internship/mentorship location may result in disciplinary action, loss of employment/internship, and may include civil and criminal legal penalties as a result of the final Privacy and Security Rules issued by the Federal Government.

**Harassment Acknowledgment**

**I understand the sexual/racial harassment guidelines below. If a problem arises in my internship/mentorship site, I will contact my school coordinator immediately.**

**Sexual Harassment**

Sexual harassment is verbal and/or physical action aimed at the sexual identity of a person, either male or female, and affects the person’s self-esteem or productivity. In the workplace, sexual harassment may include:

|  |  |
| --- | --- |
| * Discussing sexual activities.
* Commenting on physical attributes.
* Unseemly gestures.
* Displaying sexually suggestive pictures.
* Crude and offensive language.
 | * Ostracism of workers of one gender or another.
* Unnecessary touching.
* Unseemly gestures.
* Giving job favors to employees who participate in consensual sexual activities.
 |

**Racial Harassment**

Racial harassment is physical or verbal conduct relating to an individual’s race when the conduct:

* has the purpose or effect of creating an intimidating, hostile, or offensive work or academic environment;
* has the purpose or effect of substantially or unreasonably interfering with an individual’s work or academic performance, or
* otherwise adversely affects an individual’s employment or academic opportunities.
* is a single incident that is sufficiently severe and may establish a racially hostile environment.

**Internship/Mentorship Forsyth Course Syllabus**

**Course Description**

Internship/Mentorship Forsyth is designed to help students make the transition from school to the world of work. It combines written portfolios, soft-skills assignments, and on-the-job training with related classroom instruction to prepare young people for careers. The student is linked with a specific business that offers skilled job training in the occupational cluster of his/ her choice. The student is encouraged to acquire post-high school advanced training at a technical or four-year college.

**Standards**

*The standards which provide guidance for the Internship Forsyth program may be found at* [*www.gadoe.org/curriculum-instruction-and-assessment/CTAE/documents/GA-WBL-Standards-062012.pdf*](http://www.gadoe.org/curriculum-instruction-and-assessment/CTAE/documents/GA-WBL-Standards-062012.pdf)*.*

*Standard 1:*

Standard 1 in all CTAE courses is to demonstrate employability skills required by business and industry. This includes communication, demonstrating creativity, exhibiting critical thinking and problem-solving skills, modeling work readiness traits required for success in the workplace, and applying the appropriate skill sets to be productive in the workplace. Standard 1 also places emphasis on presenting a professional image through appearance, behavior, and language.

**Course Goals**

* Increase student awareness of career planning
* Inform students of the increasing complex world of work
* Assist students in developing appropriate attitudes about work
* Provide students with a safe and educationally sound work environment, while ensuring that student learners receive adequate compensation for their efforts
* Provide the opportunity for learning useful employability skills on real jobs under actual working conditions
* Help students to recognize how they can prepare for and advance in the workplace
* Empower students to think critically and for themselves
* Reinforce basic skills in communications and human relations
* Provide a realistic environment in which the student may explore interests/abilities
* Assist students in the development of good work habits, attitudes, appreciation and respect for work necessary for individual maturity and job competence
* Expose students to an additional learning situation for developing marketable skills
* Assist students in fulfilling responsibilities at the training location and classroom responsibilities in an efficient manner
* Require prompt completion and maintenance of all necessary forms/reports related to employment
* Assist students in the development of appropriate dress, promptness, and courtesy in the workplace

**Grading Calculations**

Non-EOC Course Average = 50% (Semester 1 Coursework) + 50% (Semester 2 Coursework)

Coursework: 75% Summative; 25% Formative

**Fall Semester**

 *Summatives* include but are not limited to the following:

* Course Orientation
* Monthly Signed Hours and Progress Report Documentation Form (PAID and UNPAID employees)
* Monthly Assignments and Meetings (Posted in itsLearning)
* Job Tasks Evaluation

*Formatives* may include some monthly assignments. Additional assignments may also be added at the discretion of the coordinator.

**Spring Semester**

*Summatives* include but are not limited to the following:

* Monthly Signed Hours and Progress Report Documentation Form (PAID and UNPAID employees)
* Monthly Assignments and Meetings (Posted in itsLearning)
* Job Tasks Evaluation
* Mock Interview Prep Event
* Mock Interview

*Formatives* may include some monthly assignments. Additional assignments may also be added at the discretion of the coordinator.

**Grading Policy**

A = 90 – 100

B = 80 – 89

C = 70 – 79

Failing = Below 70

*Credit: One unit of credit may be earned for each release period.*

**Learning Resources/Textbook(s)**

All learning resources, both print and digital, are meant to support and enhance the student learning experience of this class. Below are the names of the textbooks and websites that will be used in this course. Some of the web-based resources require parent permission per federal regulations. Federal laws that guide parent permission requirements are as follows:

* **Children’s Internet Protection Act (CIPA):** The school is required by CIPA to have technology measures and policies in place that protect students from harmful materials including those that are obscene and pornographic. Any harmful content contained within inappropriate sties will be blocked. <http://fcc.gov/cgb/consumerfacts/cipa.html>
* **Children’s Online Privacy Protection Act (COPPA):** COPPA applies to commercial companies and limits their ability to collect personal information from children under 13 years of age. No personal student information is collected for commercial purposes.

https://www.ftc.gov/tips-advice/business-center/guidance/complying-coppa-frequently-asked-questions-0

* **Family Educational Rights and Privacy Act (FERPA):** FERPA protects the privacy of student education records and gives parents the right to review records. Under FERPA, schools may disclose directory information in certain circumstances. <http://www2.ed.gov/policy/gen/guid/fpco/ferpa>

Please review the resource list. Each website related to the curriculum resources is provided along with their privacy policies. Should you have any questions regarding these resources immediately contact the course teacher via email or phone.

|  |  |  |
| --- | --- | --- |
| **Name of Resource\*** | **Hard Copy/Website** | **Privacy Policy** |
| Job Ready Career Skills | Website | <https://drive.google.com/file/d/1KlOKxlKxRU4ZEWEwzIrdKoO6VtPbMqZr/view?usp=sharing>  |
| YouScience | Website | <https://www.youscience.com/privacy-policy/> |
| Talk Hiring | Website | <https://www.talkhiring.com/privacy-policy> |

*\*The following resources are county approved. These resources may vary by school due to sequencing, pacing, curriculum design, and/or individual needs of students.*

**Student Expectations**

Student responsibility is essential for a successful experience in this program. Students must demonstrate the ability to study and work independently throughout this course**. Remember, you are representing yourself, your school, and the program at all times.**

* Comply with all business rules at your internship site.
* Arrive promptly for your scheduled internship time.
* Dress appropriately and professionally for your internship.
* Contact your internship location immediately if you are sick or if there is a family emergency which prohibits you from working during your scheduled time. Do not call in sick because you are behind in your classwork.
* Address your adult colleagues and site supervisor as Mr. or Ms. and Sir or Ma’am unless told otherwise.
* Be ethical and professional continually.

**Important Dates and General Information**

* **Thursday - August 19 - Students must have secured a placement. Students without placements on this date will need a schedule change.**
* **Friday - August 20** – Internship/Mentorship Student 21-22 Launch Event
* **Friday - September 10** – This Intake Package is due.

**Required Monthly Assignments:**For specific assignment requirements, see the appropriate monthly folder in itsLearning. Assignments are to be electronically submitted through itsLearning unless specifically noted. Specific due dates will be communicated each month.

**Dress for Success:** Career and technical education pathways in Forsyth County incorporate Dress for Success Days throughout the school year. These experiences allow students to foster confidence and continue to develop a positive self-image, while understanding the importance of dressing well for their future profession. At certain intervals throughout the course, students will analyze industry standards of the profession and study the importance of dressing well for a job interview. This will culminate into being fully prepared for Community Mock Interviews which occur as students complete a career pathway.

**Industry Credentialing/End-of-Pathway Assessments:** Students are encouraged to select a career pathway beginning in the ninth or tenth grade that is connected to college and career goals. This course is one of the courses in the career pathway chosen by a student. At the conclusion of the third pathway course, students will be required to take an industry credentialing End-of-Pathway Assessment. This assessment provides students an opportunity to demonstrate what they have learned by completing an online, nationally recognized exam and allows students the ability to earn a FCS Pathway Medallion upon graduation.

**Mock Interview Prep Workshops** *(on campus):* **TBD**

**Mock Interviews** *(on campus):* **TBD**

All students are required to participate in a community-led mock interview. A mock interview provides you with a professional one-on-one opportunity to practice your interviewing and resume writing skills with a member of the business community. This experience will also allow you feedback from the business community regarding your interview performance, resume, and professional dress. Mock Interviews will take place in February and March. A specific date/time will be communicated with you at the beginning of second semester.

**Volunteer Day at JA Discovery Center***:* *More information to follow.*

**Employee/Intern Responsibility:** The following are infractions that may result in your removal from and/or failure of your Internship/Mentorship Forsyth Course:

* Leaving position without coordinator’s prior permission
* Leaving position without submitting a two-week notice and giving a copy of the notice to coordinator
* Getting fired or released for cause from position
* Changing position more than once (1 time) during the school year
* Falsifying progress report/records

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**I have read and understand all items in Section 1 above, including the Enrollment Consent, the Confidentiality and Security Agreement, the Harassment Acknowledgment, and the Syllabus policies, course guidelines, procedures, and rules and consequences, for the Internship/Mentorship Forsyth course and agree to the requirements therein. By signing below, I agree to allow my student to use each of the classroom resources listed in the learning resource section. I will support my student following the classroom expectations outlined in this course. I agree that I am the person who is legally allowed to consent for my student whose name is listed below.**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 2: STUDENTS, PARENTS, AND SUPERVISORS/MENTORS**

 

Dear Supervisor/Mentor:

Welcome to the Internship/Mentorship Forsyth Work-Based Learning (WBL) Program; and, thank you, for your willingness to mentor and evaluate our students! An integral part of the program is a supportive adult mentor who is linked with the WBL student. The supervisor/mentor performs multiple important functions including:

* introducing and orienting the WBL student to the business,
* training the WBL student,
* guiding and encouraging the WBL student,
* evaluating the WBL student, and
* counseling the WBL student on matters related to work.

There are several forms that the school system must have on file for each student. Each student will need to have a Training/Expectations Agreement and an initial Training Plan on file. These forms require your electronic signature. The Training/Expectations Agreement explains what is expected of all parties involved and the Training Plan identifies tasks that the student is now or will be performing on the job. Additionally, we will be in contact throughout the year to check in on the student. This may include visiting the student at work, contact via phone or email, and/or sending short student evaluations.

Current research indicates that quality WBL experiences assist students in making more informed decisions about their career goals and have a positive impact on higher student achievement. Your support helps build a foundation for future student success. If you have any questions or need assistance at any time, please do not hesitate to contact me, as we pledge our full support in this endeavor.

**Forsyth County Schools Career Development Coordinators**

|  |  |  |
| --- | --- | --- |
| **Alliance Academy for Innovation**Dr. Marelle Bowers770-887-2461 ext. 574604sbowers@forsyth.k12.ga.us**Denmark HS**Dianne King770-887-2461 ext. 574504dking80@forsyth.k12.ga.us**East Forsyth HS**Hailey Brock770-887-2461 ext. 574104hbrock@forsyth.k12.ga.us | **Forsyth Central HS**Lauren Westbrook770-887-2461 ext. 574204LWestbrook@forsyth.k12.ga.us**Lambert HS**Susan Fagan770-887-2461 ext. 574404sfagan@forsyth.k12.ga.us**North Forsyth HS**Hailey Brock770-887-2461 ext. 574104hbrock@forsyth.k12.ga.us | **South Forsyth HS**Dr. Nancy Ruff770-887-2461 ext. 574304nruff@forsyth.k12.ga.us**West Forsyth HS**Dianne King770-887-2461 ext. 574504dking80@forsyth.k12.ga.us |

**TRAINING/EXPECTATIONS AGREEMENT AND TRAINING PLAN**

The Work-Based Learning (WBL) Program prepares students for future employment. To participate in the program, all parties must agree to the following:

The **student** agrees to:

* Assist the Career Development Coordinator in finding an appropriate employment/internship position related to the career focus area of the program and the career objective of the student.
* Adhere to the school’s attendance policy and attend school/work regularly and not go to work/internship without attending school.
* Discuss all aspects of employment/internship with the Career Development Coordinator and the supervisor/mentor *(not with students, co-workers, etc.).*
* Represent the school and employer/internship site by demonstrating honesty, punctuality, courtesy, and a willingness to learn.
* Make employment/internship changes only with the approval of the Career Development Coordinator.
* Be evaluated by the Career Development Coordinator and supervisor/mentor a minimum of once per grading period.
* Submit pay stubs and/or monthly hours documentation forms on a monthly basis.
* Check itsLearning frequently for assignments and information and turn in all assignments on time.
* Attend meetings as called by the Career Development Coordinator.
* Not terminate employment/internship without approval of his/her Career Development Coordinator.

The **parent/guardians** agree to:

* Encourage the student to effectively carry out his/her duties and responsibilities at both the school and place of employment/internship.
* Assume responsibility for all areas covered under the Transportation Consent *(separate document).*
* Contact the Career Development Coordinator with questions/concerns.

The **Career Development Coordinator** agrees to:

* Assist in the academic and occupational instruction of the student.
* Conduct supervisory visits to the student’s place of employment/internship.
* Render assistance with educational and training issues relating to student internship.
* Maintain records pertinent to the student, internship, and school.

The **Employer, Mentor, and/or Work-Site Supervisor** agree to:

* Adhere to policies and practices which prohibit discrimination on the basis of race, color, national origin, sex, and handicap in recruitment, hiring, placement, assignment to work tasks, hours of employment, level of responsibility, and pay.
* Adhere to all federal and state regulations concerning safety, hazardous occupations, child labor laws, and minimum wage regulations.
* Provide training to assist the student in acquiring the necessary skills and knowledge required of the job/career field.
* Evaluate the student, in consultation with the Career Development Coordinator, a minimum of once per grading period.
* Designate an employee to serve as a mentor and supervise the student.
* Employ the student, in a paid or unpaid position, a minimum of five hours a week per release period.
* Inform the Career Development Coordinator when any disciplinary action is taken regarding the employment of the student.
* **Complete and initial** the safety training documentation below.

**All parties agree that:**

* The employer may terminate a WBL student for any reason.
* A WBL student will be removed from the program for negligence, misconduct, falsifying documents/signatures and/or information, as proved by school investigation, and/or being disciplined for cutting class or skipping school. Any WBL student who has been removed from the program, or who has received a failing grade in the program, will not be allowed to participate in the program the following semester.
* The student will work an average of five hours per week per release period. To receive course credit, hours must be documented.
* The student will not be present on days when the student is absent from school.

**Indemnification Agreement:**

In consideration for allowing the student to participate in Work-Based Learning, the undersigned hereby agrees to hold harmless Forsyth County Schools and the student’s workplace/employer, their officials and employees, including, but not limited to, the Superintendent of Schools, the Career Development Coordinator, the administration of the school the student attends, supervisors, mentors, as well as members of the District’s Board of Education from any and all actions, causes of action, claims, demands, damages costs, loss of service, expenses, compensation, third party actions, hospital liens, attorney liens, suits at law or in equity of whatever nature, on account of, or in any way growing out the student’s participation in the Work-Based Learning Program.

**INTERNSHIP/MENTORSHIP EDUCATIONAL TRAINING AGREEMENT**

**\*\*COMPLETED BY SUPERVISOR/MENTOR\*\***

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Mentor eMail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Additional Supervisor/Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Additional Supervisor/Mentor eMail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pay Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Supervisor/Mentor:*** *Please complete the below required safety training information.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Student received safety training on:** | **Check One** | **Date Trained** | **Supervisor/Mentor Initials** |
| Workplace safety procedures | \_\_\_ Yes \_\_\_ No |  |  |
| Workplace equipment/electronics | \_\_\_ Yes \_\_\_ No |  |  |
| Emergency exit locations/procedures | \_\_\_ Yes \_\_\_ No |  |  |

***Supervisor/Mentor:*** *All students are expected to demonstrate good employability skills such as respect, cooperation, professionalism, timeliness, honesty, integrity, and ethical behavior. The below is to list specific job duties that the student will perform.*

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| --- | --- |
|  | **Student Job Duties/Tasks** |
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*If there is a written job description available, please email to student’s Career Development Coordinator.*

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**I have read and understand all items in Section 2 above, Training/Expectations Agreement and Training Plan. By signing below, I agree to the 2021-2022 Training/Expectations Agreement and Plan.**

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

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

Supervisor/Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Career Development Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_