Student Internship Application – Monroe Technology Internship

Directions: Complete (1) the application, (2) liability information, and (3) the agreement form. Return them to Stacie Ahrens-Mininberg, Student Internship Coordinator, Stacie.AhrensMininberg@lcps.org. All forms must be turned in before a personal meeting will be scheduled to discuss potential internship locations.

Personal Information:

Name: _____ SSN: _____

Current MTC Class: _____ Semester Grade: _____

Previous MTC Class(es): _____ Final Grade(s): _____

Home School: _____ Home School Counselor: _____

GPA: _____ Grade Level: _____ Age: _____ Date of Birth: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Parent/Guardian Name: _____ Work Phone: _____

Employment Information and Career Interest:

Please attach a copy of your current Resume

1. **Are you eligible to work in the U.S.?** **Yes/No**
2. **Do you have transportation?** **Yes/No**
3. **Circle all convenient locations:**

   Round Hill **Purcellville** **Hamilton** **Leesburg** **Ashburn** **Sterling** **Dulles**

4. **Are you currently employed?** **Yes/No**
5. **Are you willing to work a non-paid internship?** **Yes/No**

Note: Paid internships are encouraged when a student will be completing a specific long-term task that primarily benefits the company; non-paid internships occur when the student experiences a variety of different activities, primarily benefitting the student.

Please list the hours you are available to work (consider sports, and other extra-curricular schedules)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Describe extracurricular activities:							

6. **Would you consider working full-time during the summer? Yes/No/Undecided**

7. **List and describe your goals and objectives for the internship experience?**

8. **Outline your long-term career goals.**

Education Background:

9. **List any foreign languages you speak or write. Please describe your level of fluency for each:**

Fill in your current class schedule and list any courses that you believe are relevant to your internship experience (e.g. foreign languages, computer/marketing classes):

Current Class Schedule:
1.
2.
3.
4.
5.
6.
7.
8.
Other Relevant Courses:

Statement of Understanding: I understand that to participate in a Student Internship I must have a B average in my current MTC class and be recommended by my instructor. Additionally, I should have at least a 2.5 overall GPA and have excellent school attendance (no more than 3 absences per quarter). Depending on the type of internship in which I participate, I agree to comply with any dress code guidelines set forth by the cooperating business. I understand that I will provide my own transportation to and from my internship site.

Student Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Return this information to Stacie Ahrens-Mininberg in the Main Office. Questions?? E-mail Stacie.AhrensMininberg@lcps.org

Teacher Recommendation Form – Monroe Technology Internship

Teacher's Name: _____

Student's Name: _____

From: Stacie Ahrens-Mininberg, Placement Coordinator_____

Please Return by: _____

The above student is interested in applying for the MTC Student Internship Program. The internship will provide the student with an opportunity to apply the knowledge and skills acquired through their MTC course. As part of the application process the student must submit a teacher recommendation form. Please complete this form and return to me by the date given above.

Evaluate the above student for the following characteristics. Your responses are confidential. Use a rating scale where:

5=Outstanding, 4= Above Average, 3=Average, 2=Needs Improvement, 1= Does Not Meet Minimum Requirement

	Dependability (Punctuality with due dates, assignments)
	Cooperative (Ability to work with others)
	Flexibility (Reaction to new and unanticipated situations)
	Initiative (Ability to work without constant supervision)
	Maturity (Seriousness in approach to studies)
	Communication skills (Oral and Written)
	Ethics (Honesty and Trustworthy)
	Attendance (Tardy/Absences)

Please include any other comments on the back that may help in the evaluation of this student for the Student Internship Program.

Teacher Signature: _____

MTC Program: _____

Date of Recommendation: _____

Please send the information to:

Stacie Ahrens-Mininberg

Placement Coordinator

Monroe Technology Center

715 Children's Center Road

Leesburg, VA 20175

Agreement & Responsibilities – Monroe Technology Internship

STUDENT INTERNSHIP: Purpose: Students completing their training at the Monroe Technology Center and planning to enter the labor market upon graduation face two challenges: (1) finding employment commensurate with their training and (2) making the adjustment from school to the world of work. This program helps these students find a good job, make the adjustments while still under the supervision of the Monroe Technology Center, and also gain experience. The employer will have the opportunity to evaluate the student as an employee with the least possible investment.

Student Responsibilities:

- Conduct oneself and dress appropriately for the business environment.
- Understand that school is the student's first responsibility. An intern is expected to make acceptable grades in all subjects; Work is no excuse for failure in school.
- At MTC Student Rules and Regulations. Give sufficient notice to internship sponsor of absences or changes in schedule.
- Inform the coordinator if, for any reason, a change in an internship is considered.
- Conform to all rules and policies of the place of employment and MTC.
- Submit reports to the MTC instructor when required.
- Understand that negligence or misconduct may result in dismissal from the internship program.

Parent Responsibilities:

- Assume responsibility for the safety of the student from the time the student leaves school until the student reports to the internship site and from the time the student leaves the internship site until arrival at home.
- Understand that the student must attend school and work regularly and must not report to the internship site without attending school.
- Make any inquiries concerning the student training, wages or working conditions through the MTC instructor rather than directly to the internship sponsor.

MTC Instructor Responsibilities:

- Provide student recommendation form to placement coordinator.
- Provide student information to placement coordinator as requested.
- Review student internship experience paperwork.
- Include student internship experience as pre-determined percentage of student's grade during the quarter(s) in which the internship is completed.
- Make weekly contact with each internship sponsor.

Student Internship Coordinator Responsibilities:

- Meet with all prospective interns to discuss the program requirements, expectations, and potential internship placements.
- Maintain contact with internship sites.
- Maintain appropriate records of each student's internship placement.

Internship Sponsor Responsibilities:

- Consult with the MTC instructor at the beginning of any internship-related problems.
- Commit to supervise the student throughout the agreed time period.
- Furnish a rating of the student's performance and attitude as needed.
- Provide career experiences related to student's MTC course focus.
- Students shall not, on the basis of age, race, color, sex, religion, national origin, marital status, or condition of disability, be denied benefits of, or be subjected to discrimination at the place of employment.

- Understand that paid internships are encouraged when a student will be completing a specific long-term task that primarily benefits the company; non –paid internships occur when the student experiences a variety of different activities, primarily benefiting the student.
- Notify MTC instructor regarding any change of the student including salary, job responsibilities, work schedule, termination or leave, etc.

This agreement is to define the conditions whereby:

_____ is to be employed as a (an) _____ by _____ under the supervision of the Monroe Technology Center. The student's minimum weekly schedule will be as follows:

Day of Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

The student will be earning $ _____per hour.

Approvals:

_____ _____

Student's Signature *Date* *Placement Coordinator* *Date*

_____ _____

Parent/Guardian Signature *Date* *Employer's Signature* *Date*

_____ _____

MTC Instructor's Signature *Date* *Supervisor's Signature* *Date*
(if different from employer)

Company Name: _____

Company Address: _____

_____

Company Phone Number: _____ Fax: _____

Company/Supervisor Email: _____

Permission, Liability & Insurance – Monroe Technology Internship

Part I: Permission

I have read the information packet concerning the Internship program and give my permission for my son/daughter _____to participate in this program. I understand that participation in this program requires each student to provide his/her own transportation to and from the intern site. I understand that my child must meet the application requirements to be considered for the program.

Part II: Emergency Authorization

In the event I cannot be reached in an emergency, I hereby give permission to the MTC staff or internship sponsor to secure proper treatment for my child.

Parent daytime phone: _____

Emergency contact (other than parent): _____ phone: _____

Part III: Liability

I understand that the Monroe Technology Center is not liable for any medical bills due to injury to my child while he/she is participating in the Internship program.

Part IV: Insurance

MTC does not provide accident insurance for students or interns. In order for a student to be eligible to participate in the Internship Program sponsored by MTC, the intern's parent/guardian must confirm that the student is covered by accident insurance to the parent's satisfaction. Complete the information below confirming that your child has accident insurance and return to the Internship Coordinator.

Please Print All Information

Student Name: _____

Student Address: _____

_____

Parent/Guardian(s) Name: _____

Parent/Guardian(s) Phone: _____

Physician Name: _____

Health Concerns: *Please list and describe any health concerns (e.g. allergies, physical conditions):*

_____

_____

Insurance Verification: *Please check all that apply.*

_____ My child has student accident insurance through the school.

_____ My child is covered for injuries by our family policy, which is:

Insurance Company's Name: _____

Policy Holder's Name: _____ Insurance Number: _____

In addition, I will notify Stacie Ahrens-Mininberg, the Internship Coordinator if insurance coverage for my child changes during the year. I, the undersigned, understand that liability and insurance are required for the Internship Program.

_____ _____

Signature of Parent/Guardian *Date*