



## HHS Internship Program

Internship Program Student Application for \_\_\_\_\_  
First & Last Name

You have the option of doing your Internship during period 10 or after school. Please consider your commitments (sports, clubs, work, etc.) and indicate your preference: \_\_\_\_\_

This application is to participate in Haverhill High School's Internship Program. The purpose of an Internship is to provide students with a meaningful workplace experience working closely with a professional in a chosen field. The student will also participate in classes where the following topics will be covered: workplace safety (OSHA), labor laws, ethics, confidentiality and workplace etiquette. The student will build a career portfolio, including resumes, cover letters, interviewing skills and ultimately letters of recommendation. After the classroom portion is complete, students will attend their worksite. Students will be expected to log a minimum of 6 hours at the worksite each week. Students will receive ½ credit per semester for satisfactory completion of all requirements.

Student must be at least 16 years old and provide their own transportation to and from their worksite. If necessary, assistance can be provided to identify public transportation alternatives.

**STUDENT: It is your responsibility to complete this entire packet and return it to the Internship room (Library Room 6). Fill out the entire application, include supporting documentation and have your Guidance Counselor register you for the class. Bring the completed packet to the Internship Coordinator in Library Room 6.**

***Include with this application:***

- \$10 fee for Student Accident Insurance coverage (see below for more information)
- Obtained all required signatures
- Registered for 10<sup>th</sup> period or Afterschool Internship class with your Guidance Counselor

Questions?? Internship Coordinators can be reached at 978-494-4221

Lisa Hunt and Victoria Kelley ([vlaccess21@gmail.com](mailto:vlaccess21@gmail.com))

**1. Personal Information:**

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

Student's Cell: \_\_\_\_\_ Text? Y / N Student's Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Parent/Guardian's Name(s): \_\_\_\_\_

Parent/Guardian's Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

**2. Alternate Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**3. Transportation:**

**PARENT/GUARDIAN (if student will drive to worksite):**

Your student has the opportunity to participate in an internship with a local worksite. In order for him/her to drive to the worksite, your approval is needed. Please provide your signature allowing your student to drive to his/her internship for the duration of the internship.

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

**4. Student Accident Insurance:**

Students who are in unpaid internship opportunities are not covered by Workers Compensation and must pay a \$10 fee to cover Student Accident Insurance. This insurance will cover the student for the academic year they are participating in their internship. Cash or check is accepted. Checks should be made payable to "City of Haverhill".

**5. Medical Issues / Medications:**

Does the student have any medical issues that we should be aware of? Is this student taking any medications? If so, please list them:

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

Would any of these medications be needed by the student during the Internship Program?

Yes  No

**6. Allergies:** Does this student have any allergies, especially food allergies? If so, please list them:

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**7. Media Release:**

Do we have permission to include this student in photographs and have his/her name published in the newspaper?

Yes       No

Do we have permission to include this student in photographs and have his/her name published on our website?

Yes       No

**8. Internship Information:**

Have you ever been convicted of a felony or misdemeanor?     Yes     No

If Yes, give details including date and nature of offense:

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Describe your career interest and why you want to do an internship in this field. In the event we're unable to secure your first choice, please provide an alternate. Also, list worksites you may be interested in.

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Parent/Guardian Comments:

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**9. Signatures:**

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

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