



HHS Internship Program

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 5 hours at the worksite each week. Students will receive ½ credit per semester for satisfactory completion of all requirements. Students must be at least 16 years old and provide their own transportation to and from their worksite. Transportation home after the classes at HHS is available.

Return this completed application, with the \$7.50 fee for Student Accident Insurance coverage, to the Internship Coordinator in the iSchool.

1. Personal Information:

Date: _____ Grade: _____ Year of Graduation: _____

Student's Name: _____ Date of Birth: _____
Last First

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:

Will the student need transportation home after the classes at HHS? Yes No

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 \$7.50 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".

The following medical information is for HHS records only. If you have serious medical conditions, we strongly recommend that you share this information with the internship provider.

5. Medical Issues / Medications:

Does the student have any medical issues that we should be aware of? Yes No

If so, please specify: _____

Will any medications be needed by the student during the Internship Program? Yes No

If so, please list them: _____

6. Allergies: Does this student have any allergies, especially food allergies? Yes No

If so, please list them: _____

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:

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.

Parent/Guardian Comments:

9. Signatures:

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____