

# Summer Internship Program



## Required Forms



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

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

**Everett Public Schools**

3900 Broadway, Everett, WA 98201  
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# Form Overview and Requirements

Required internship forms included in package:		Student to fill in the following forms:	Worksite Supervisor to fill in the following forms:
FORM 1	Worksite Qualification, Program Orientation & Legal Assessment		
FORM 2	Parent/Guardian Consent		
FORM 3	Worksite Learning Agreement		
FORM 4	New Employee Orientation		
FORM 5	Private Vehicle Travel Authorization (if applicable)		
FORM 6	Internship Agreement		
FORM 7	Worksite Learning Plan: Internship Overview, Objectives and Evaluation		
FORM 8	Internship Timesheet		

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**FORM 1**

# Worksite Qualification, Program Orientation & Legal Assessment

## Worksite Information

Company or Business Name:

Address:

City/State/Zip:

Hours of Operation:

Website:

Lead Contact:

Phone:

Email:

## Assurance of Legal Compliance

Health and Safety, Employment of Minor, Fair Labor Practices, and Anti-Discrimination

I confirm that this worksite is in compliance with all provisions of local, state, and federal law which are applicable to this business including the following: occupational safety and health (WISHA and OSHA); employment of minors, fair labor practices, and payment of wages; and anti-discrimination, anti-harassment, and anti-retaliation on the basis of any protected characteristic, including race, creed, color, national origin, religion, sex, sexual orientation, marital status, age, honorably discharged veteran or military status, any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability, or any other characteristic protected by law. I understand and agree that harassment of any employee/student with regard to any of the protected characteristics listed above, and/or discrimination against any employee/student with regard to recruitment, hiring, placement, assignment of tasks, hours of employment, levels of responsibility, or pay, are strictly prohibited. I further understand and agree that any student performing work at this worksite shall receive a student orientation, which shall include training on safety procedures, accident prevention, and this employer's anti-discrimination, anti-harassment, and anti-retaliation rules and reporting procedures.

Worksite Supervisor Signature:

Date:

## Worksite Qualifications

To be completed at least once per year

I confirm that, on the date stated below, I visited the Worksite identified above for purposes of screening the worksite as a qualified worksite appropriate to the worksite learning programs of the Everett School District. During a meeting with the Worksite Supervisor named above, I have screened the worksite as satisfying the following elements:

- ☐ Capacity to provide a relevant occupational learning experience
- ☐ Appropriate safety training, procedures, and practices
- ☐ Compliance with state and federal regulations relating to health and safety and employment of minors
- ☐ Appropriate general liability insurance coverage (minimum \$1 million)
- ☐ Appropriate employment policies, including anti-discrimination, anti-harassment, and disability accommodation
- ☐ Pre-employment requirements for employees (if a paid internship)

Worksite Learning Coordinator Signature:

Date:

## Program Orientation

I confirm that, on the date stated below, I met with the Worksite Supervisor named above and provided him/her relevant information about the worksite learning programs of the Everett School District, including a review of program objectives and the rights and responsibilities of the school district, worksite, students, and parents/guardians.

Worksite Learning Coordinator Signature:

Date:

## Worksite Learning Coordinator Checklist:

- ☐ An overview of how the program operates, including benefits to the supervisor for participating in the program
- ☐ Contract information for Worksite Learning coordinator, introduction to learning plans and learning agreements
- ☐ Assistance in the development and assessment of the student's learning plan, work progress, and quality of work
- ☐ Information to teen worker health and safety issues and a review of Department of Labor and Industry employment standards for minors.
- ☐ Establishment of the protocol for follow up visits

**FORM 2**

# Parent/Guardian Consent

## Program Type

☒ Cooperative Worksite Learning    ☐ Instructional Worksite Learning

Qualifying Course Title:

☐ Previously completed    ☐ Enrolled concurrently with Program

## Student Information

Student:	Student ID:	School:
Address:	City/State/Zip:	
Student Phone:	Parent/Guardian Phone:	
Birthdate	Current Age:	
Sex:	Grade:	

## Worksite Information

Company or Business Name:	Position will be: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
Address:	City/State/Zip:	
Worksite Learning Coordinator:	Phone:	

## Medical and Insurance Information

Emergency Contact:	Phone:
Doctor's Name:	Phone:
List any Medications:	
List any Allergies:	
Student had medical/accident insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO (if YES, complete next question)	
Name of Medical/Accident Insurance Carrier:	Phone:
Policy Holder Name:	Policy Number:

## Student Transportation: How will the student get to the Worksite?

☐ Public Transportation ☐ Walk ☐ Own Car\* ☐ Parent/Guardian Car\* ☐ Other\* (specify):

\* Must include Everett School District Private Vehicle Travel Authorization (See form 5 in this book)

## Parent/Guardian Consent

I certify that I am a parent or legal guardian of the student named above ("Student"). I understand that in the program listed above (Cooperative Work-based Learning, Instructional Worksite Learning, or CTE Coordinating Course) the Student will perform work-related learning activities in a work-based environment, and that school personnel may not be present when the Student is at the worksite. I understand this to be an enriching opportunity for the Student that will allow him/her to apply his/her classroom learning while developing valuable work experience and prospective employment contacts. Although I understand that the school district will make reasonable efforts to ensure that the worksite is a safe environment for the Student, I am fully aware that there are special dangers and risks inherent in participating in any off-site work experience beyond the control and custody of the school district. Being fully aware of these risks, I hereby give consent for the Student to participate in the program. My signature reflects my knowledge of the details of the program and grants permission for the Student to participate in the program. I further agree to release and hold harmless the Everett School District and its officers, officials, employees, agents, and volunteers from any and all claims, injuries, damages, losses, or suits, including attorney fees and costs, arising out of any injury or damage caused by the Student or to the Student or the undersigned as a result of the student's participation in the program including, without limit, where caused by the negligent acts or omissions of the school district; but not including where caused solely by the direct and proximate gross negligence of the school district. My signature below furthermore authorizes emergency medical treatment for the Student.

Parent/Guardian Signature	Date:
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**FORM 3**

# Worksite Learning Agreement

## Program Type

☒ Cooperative Worksite Learning    ☐ Instructional Worksite Learning

Qualifying Course Title:

☐ Previously completed    ☐ Enrolled concurrently with Program

## Student Information

Student:

Student ID:

Birthdate:

Current Age:

Select Career Pathway of interest: Engineering &  
Manufacturing, Energy & Sustainability, Health Sciences &  
Medical Careers, Communication & Information Technology,  
Business and Professional Services, Education Careers

## Worksite Information

Worksite Learning Coordinator:

Worksite Employer Name:

Worksite Supervisor:

Worksite Employer Address:

Student Position:

Proposed Total Hours per Week:



Proposed Weekly Schedule:	MONDAY		AM/PM to		
	TUESDAY		AM/PM to		
	WEDNESDAY		AM/PM to		
	THURSDAY		AM/PM to		
	FRIDAY		AM/PM to		
	SATURDAY		AM/PM to		
	SUNDAY		AM/PM to		

Proposed Total Hours per summer:	Position will be: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
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## Responsibilities

### I. Student Responsibilities: (Failure to comply with any of the following may result in termination from the program.)

1. Complete all required forms.
2. Keep regular attendance at school, internship and on the job, notifying your worksite supervisor of any anticipated absences or tardiness. If the trainee is absent from school or internship, he/she must be absent from work unless other arrangements have been made with the Teacher/ Worksite Learning Coordinator.
3. Abide by all state and federal laws, all worksite/employer rules and policies, and all school rules and policies.
4. Demonstrate honesty, punctuality, cooperation, confidentiality, and respect for others.
5. Submit verified documentation of hours at the learning/training site to the Teacher/Worksite Learning Coordinator and complete the necessary forms for school credit purposes as required.
6. Immediately inform the Worksite Supervisor and/or the Teacher/ Worksite Learning Coordinator of any problems, concerns, and accidents/injuries arising out of or relating to your participation in the program.
7. Abide by the dress code of the learning/training site.

### II. Parent/Guardian Responsibilities:

1. Review and comprehend all school rules and policies related to the program in which the Student is participating.
2. Review and comprehend all worksite rules and policies provided to the Student following orientation.
3. Timely inform (within 2 business days, if practicable) the Teacher/ Worksite Learning Coordinator of any concerns relating to the Student's participation in the program.
4. Complete all required forms.
5. Provide support for the student's active participation, punctuality, and personal growth in the program.
6. Assume responsibility and liability for student transportation while traveling to and from the worksite.

### III. Worksite/Employer Responsibilities:

1. Comply with all federal, state, and local laws relating to employment, employment of minors, and occupational safety and health.
2. Comply with all state Worksite Learning standards set forth in WAC 392-410-315, as amended, and all school district rules and policies relating to employment and worksite training of students.
3. Comply with all federal, state, and local laws prohibiting discrimination on the basis of the student's race, creed, color, national origin, religion, sex, sexual orientation, marital status, age, honorably discharged veteran or military status, any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability, or any other characteristic protected by law.
4. Provide a safe working environment and immediately report any student accidents or injuries to the Teacher/ Worksite Learning Coordinator, as well as to the Washington State Department of Labor & Industries for students reported on the Employer's Risk Classification.
5. Provide the student an orientation on all employer rules and policies (e.g., safety policies and procedures, anti-discrimination, anti-harassment).
6. Provide the student job-specific training and job-appropriate supervision and mentorship.
7. Consult with the Teacher/ Worksite Learning Coordinator concerning the student's worksite learning plan.



8. Verify attendance and/or time records and provide feedback regarding performance and skill attainment.
9. Maintain liability insurance.
10. Supervise students while on business premises and monitor employees who have direct contact with students.
11. Ensure the student's participation at the worksite in no way violates any collective bargaining agreement between the business and regularly scheduled employees.
12. Complete all required forms.

#### IV. Everett School District's Worksite Learning Coordinator Responsibilities:

1. Align the worksite learning experience to the education plan of the student.
2. Establish worksite learning agreements and learning plans.
3. Orient and coordinate with the Worksite Supervisor to evaluate student performance as per the student learning plan.
4. Document the student's progress and retain documentation in the student's file.
5. Secure all required paperwork before the student may participate in the program and before credit and/or grades are issued.
6. Document and report all student accidents and injuries as may be required by law.
7. Make regular site visits to monitor student performance.
8. Inform students of basic worksite safety and child labor laws.

Each party shall defend, indemnify, release and hold harmless the other parties and their officers, officials, employees, agents, and volunteers from any and all claims, injuries, damages, losses, or suits, including attorney fees and costs (collectively, "Claims"), arising out of any injury or damage caused by another party's negligence or failure to comply with any provision of state, federal, or local law; provided, the Everett School District shall have no duty to defend or indemnify any party for claims to the extent caused by the negligent acts or omissions of any other party or non-party.

The Worksite/Employer assures compliance with all provisions of state law regarding employment of minors, in accordance with chapters WAC 296-125 and WAC 296-131, and with all provisions of state, federal, and local law relating to occupational safety and health, payment of wages, or non-discrimination/anti-harassment against any employee/student on the basis of race, creed, color, national origin, religion, sex, sexual orientation, marital status, age, honorably discharged veteran or military status, any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability, or any other characteristic protected by law. Harassment of any employee/student with regard to any of the protected characteristics listed above, and/or discrimination against any employee/student with regard to recruitment, hiring, placement, assignment of tasks, hours of employment, levels of responsibility, or pay, are strictly prohibited.

**The parties' signatures below indicate their acceptance of the terms as stated above.**

Student Acceptance		Parent/Guardian Acceptance
Student Name:		Parent/Guardian Name:
Student Signature:		Parent/Guardian Signature:
Student home address and zip code:		Parent/Guardian address and zip code:
Student home telephone number:		Parent/Guardian home telephone: Parent /Guardian work telephone:
Worksite/Employer Acceptance		Everett School District Acceptance
Worksite Supervisor Name:		Worksite Learning Coordinator Name:
Worksite Supervisor Signature:		Worksite Learning Coordinator Signature:
Name of Employer:		Name of high school:
Employer address and zip code:		Worksite Learning Coordinator address and zip code:
Telephone number:	Email:	Worksite Learning Coordinator telephone number:

## Notes


**FORM 4**

# New Employee Orientation

## Student Information

<b>Student:</b>	<b>Student ID:</b>	<b>Date:</b>
<b>Worksite:</b>	<b>Supervisor:</b>	

Directions: Please select the new employee orientation items that are covered upon hiring new employees. Be sure that the student obtains information about the following factors in regards to your company's practices.

## Company Orientation

☐ Give student copies of printed materials, including:

☐ Explain the company's history and mission.

☐ Describe the company's product line(s) or services.

Discuss and provide training on company policies and procedures regarding:

☐ Hours of operation/work

☐ Overtime policies

☐ Pay periods and employee time reporting requirements

☐ The use and care of required personal protective equipment (PPE)

☐ Holiday policy

☐ Appropriate dress and grooming

☐ Worksite safety rules, procedures, and practices

☐ Emergency procedures (Evacuation procedures & How to report work place injuries)

☐ Procedures for absence and tardiness

☐ Parking

☐ Procedures for arrival and departure

☐ Reporting injuries, unsafe conditions and practices

☐ Policies about telephone usage

☐ Anti-discrimination, anti-harassment, and anti-retaliation policies and reporting procedures

<input type="checkbox"/> Accident Prevention Program	<input type="checkbox"/> Other:
Describe employee benefits, such as:	
<input type="checkbox"/> Discounts	<input type="checkbox"/> Educational assistance
<input type="checkbox"/> Other:	

## Department Orientation

Describe the relationship of the department to the company. Discuss specific departmental rules including:

<input type="checkbox"/> Breaks (including specific information relating to break time for minors)	<input type="checkbox"/> Work schedules (including specific information relating to work schedules for minors)
<input type="checkbox"/> Days off	<input type="checkbox"/> Presence of food at workstation
<input type="checkbox"/> Other:	

## Coworker Orientation

<input type="checkbox"/> Introduce co-workers	<input type="checkbox"/> Explain job responsibilities of co-workers
<input type="checkbox"/> Identify and introduce Worksite Supervisor	

## Job Orientation

<input type="checkbox"/> Show student her/his workstation	<input type="checkbox"/> Describe student's responsibilities
<input type="checkbox"/> Explain the importance of the student's responsibilities to the organization	

## Agreement

Worksite Supervisor Signature:	Date:
Student Signature:	Date:
Worksite Learning Coordinator Signature:	Date:

The Worksite/Employer assures compliance with all provisions of state law regarding employment of minors, in accordance with chapters WAC 296-125 and WAC 296-131, and with all provisions of state, federal, and local law relating to occupational safety and health, payment of wages, or non-discrimination/anti-harassment against any employee/student on the basis of race, creed, color, national origin, religion, sex, sexual orientation, marital status, age, honorably discharged veteran or military status, any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability, or any other characteristic protected by law. Harassment of any employee/student with regard to any of the protected characteristics listed above, and/or discrimination against any employee/student with regard to recruitment, hiring, placement, assignment of tasks, hours of employment, levels of responsibility, or pay, are strictly prohibited.



FORM 5

# Private Vehicle Travel Authorization

This form must be completed before a student is allowed to travel in a private vehicle to and from district activities (Everett Public Schools Policy 3241P). Separate form to be completed by both driver and passenger.

## To be Completed by District

Activity: Worksite Learning

Location: Job Site

Dates:

District Transportation Available? ☐ Yes ☐ No

Principal's Signature:

Date:

## To be Completed by Student and Parent/Guardian

Driver Name:

Driver Age:

Passenger(s) Name:

Passenger(s) Age:

Type of License: ☐ Intermediate ☐ Regular

Date of Issue:

Insurance Provider:

Policy Number:

Policy Holder Name:

I grant permission for *(insert student's name)* \_\_\_\_\_ to travel to and from the activity described above by private vehicle.

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I understand that when a private vehicle is used for transporting students to and from District activities, the private operator or registered owner is responsible for carrying vehicle insurance with liability limits not less than the minimum required by the State of Washington, maintaining the vehicle in safe working condition and operating the vehicle within the rules set by the State of Washington.

I understand that when a private vehicle is used to transport students to and from District-sponsored activities, the private vehicle owner's insurance provides primary insurance coverage in case of an accident.

I agree to protect, indemnify, release, and hold harmless the Everett School District, its elected and appointed officials, employees, agents, staff, and volunteers for any and all claims or less directly attributable to the use of private transportation as described herein, including, without limit, any and all claims arising from the negligence of the Everett School District, but not including claims arising solely from the gross negligence of the Everett School District.

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**I certify that I am the parent or legal guardian of *(insert student's name)* \_\_\_\_\_ and that I have read and understood the above information.**

<b>Signature of Parent/Guardian:</b>	<b>Phone Number:</b>	<b>Date:</b>
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## To be Completed by Student

**I am a student at *(insert school name)* \_\_\_\_\_ and I have read and understood the above information.**

<b>Print Student Name and Signature:</b>	<b>Phone Number:</b>	<b>Date:</b>
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This form to be on file at the student's home school or at the Community Resource Center. If any changes occur,  
it is the responsibility of the student and parent to contact the Worksite Learning Coordinator.

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**FORM 6**

# Internship Agreement

## Student Information

Student Name:

Student ID:

School:

Worksite Learning Coordinator:

**By signing this agreement, Interns agree to the following:**

1. I will commit to the internship for the entire summer;
2. I will not schedule any conflicts during my designated internship time;
3. I understand that my school's rules and policies pertain to me at all times while at my worksite;
4. I understand that this is a credited experience and a grade will be entered onto my transcript;
5. I understand that I will maintain workplace appropriate attire and excellent physical appearance every day of the internship;
6. I understand that only interns are to contact Worksite Supervisors (not family members or friends);
7. If I have any questions or concerns about my internship, I will immediately contact the Worksite Learning Coordinator; and,
8. If I need to be absent for any reason, I will contact the Worksite Supervisor and the Worksite Learning Coordinator.

## Placement Information

Start Date:

End Date:

Worksite / Internship Placement:

Internship Schedule (hours per day of week)

SUNDAY:

MONDAY:

TUESDAY:

WEDNESDAY:

THURSDAY:

FRIDAY:

SATURDAY:

Anticipated Number of Credits Earned for Internship Experience:



## Transportation Information

Worksite / Internship Location Address:

School:

Intern's plan to use the following form(s) of transportation to travel to/from the worksite.

Primary transportation:

Back-up transportation:

Travel time to get to worksite on time:

## Agreement

Student Signature:

Date:

Parent/Guardian Signature:

Date:

Worksite Learning Coordinator Signature

Date:

Students may withdraw from an internship within the first 15 days without penalty. After this time, students who withdraw will receive a NC on their transcripts. Questions or issues regarding internship placement should be addressed to the Worksite Learning Coordinator.

**FORM 7**

# Worksite Learning Plan: Internship Overview and Objectives

## General Information

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

Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Current Grade: ☐ 10 ☐ 11 ☐ 12

Designated Career Pathway: \_\_\_\_\_

Average number of hours per week: \_\_\_\_\_

Internship Goal: \_\_\_\_\_

The student will be assessed on the following learning objectives for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_. Each objective should be measurable and describe an accomplishment, such as a skill, knowledge or a behavior that the student has shown growth in.

## Internship Overview

Please provide a general summary of the internship along with duties/tasks, occupational skills, workplace environment, and a brief timeline overview.

### Objective #1:

Date expected to complete objectives: \_\_\_\_\_

Evaluation: ☐ Consistently Meets Objective ☐ Usually Meets Objective ☐ Seldom Meets Objective

Comments: \_\_\_\_\_

## Objective #2:

Date expected to complete objectives:

Evaluation: ☐ Consistently Meets Objective ☐ Usually Meets Objective ☐ Seldom Meets Objective

Comments:

## Objective #3:

Date expected to complete objectives:

Evaluation: ☐ Consistently Meets Objective ☐ Usually Meets Objective ☐ Seldom Meets Objective

Comments:

## General Evaluation

SCALE: 3 = Exceeds expectations 2 = Meets Expectations 1 = Needs more work

ATTITUDE TOWARD WORK:		RELATIONS WITH OTHERS:		DEPENDABILITY:	
	Uses time effectively		Cooperates with supervisors		Is on time to work
	Dresses appropriately for the job		Works well within a team		Remains until required hours are completed
	Exhibits cleanliness, good hygiene		Accepts suggestions		Alerts supervisor if absent
	Demonstrates continual improvement		Willing to change		Plans ahead to rearrange schedule

JOB GROWTH/SKILL IMPROVEMENT		QUALITY OF WORK/PRODUCTIVITY	
	Performs well under pressure		Works independently
	Shows continual improvement		Uses care with equipment and materials
	Works independently		Performs quality work
	Understands and follows directions		Level of productivity, adds value to workplace
	Learns well, understands responsibility		Shows leadership in carrying out tasks and assignments

## Agreement

Worksite Learning Supervisor:	Date:
Student Signature:	Date:
Worksite Learning Coordinator Signature	Date:



**FORM 8**

# Internship Timesheet

## Student Information

Student Name:

Worksite / Internship Placement:

	Primary Activity and Hours for Week:	Cumulative Hours:
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		
Week 6		
Week 7		
Week 8		
	Total Hours:	

## Agreement

Worksite Supervisor Signature:

Date:

Student / Intern Signature:

Date: