**Sutton Memorial High School**

**Internship Application**



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

**APPLICATION MUST BE SUBMITTED NO LATER THAN FEBRUARY 16TH**

**Sutton Memorial High School**

**Internship Application**

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**Sutton Memorial High School**

**Biography Information**

**About You:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. & Age \_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**License? (circle one): Yes No Vehicle? (circle one): Yes No**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any outstanding absences or tardiness? (circle one): Yes No**

**If yes, briefly explain:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Do you have any serious discipline infractions? (circle one): Yes No**

**If yes, briefly explain:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Sutton Memorial High School**

**Parent / Guardian Information**

**Parent / Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Proposed Internship Position:**

**Name of Business or Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will you be paid?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Direct Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Their Phone Number (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Weekly Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you discussed this position with Mr. Marcucci? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Briefly describe your anticipated job responsibilities.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Sutton Memorial High School**

**Requirements & Responsibilities**

\_\_\_1. Student must be on track to graduate in June.

\_\_\_2. Student has passed all sections of the MCAS.

\_\_\_3. This is NOT an elective-YOU MUST APPLY AND BE ACCEPTED

INTO THE PROGRAM.

\_\_\_4. Approved and participating students are **required** to attend all

scheduled classes/meetings related to their internship.

\_\_\_5. Students must email Mr. Marcucci every week updating their progress with the

internship.

\_\_\_6. Students must sign out of school every time they leave for their

internship and sign back in upon return (if applicable).

\_\_\_7. **Excessive absenteeism and/or tardiness to school and/or**

**Internship** shall be cause for removal from the Senior Internship

Program. If unable to go to the internship, students **must** call to

inform the business and the Internship Coordinator.

\_\_\_8. Failure to follow school rules and regulations, discipline issues, in or

out of school suspensions, falsifying illness, academic course

failure, personal problems that interfere with employment, or other

serious problems that negatively affect school and/or employment,

shall be cause for failure and removal from the Senior Internship.

\_\_\_9. Participating students who fail to adhere to employer rules and

regulations will be removed immediately from the Senior Internship

Program with possible failure resulting.

\_\_\_10. Students failing to comply with company safety regulations will be

subject to immediate removal from the Senior Internship Program.

\_\_\_11. Students whose personal conduct or effort indicates a lack of

responsibility may be excluded or removed from the Senior

Internship Program with possible failure resulting.

\_\_\_12. Students are required to provide their own transportation to and

from the worksite and are personally responsible and liable for

their actions to and from work.

\_\_\_13. Students participating in the Senior Internship Program are

subject to all other regulations (school-employer) as may be

instituted by the School Internship Committee.

**School Responsibilities**

\_\_\_1. The Senior Internship Coordinator will affect a selection process

utilizing student grades, conduct, effort, attendance,

recommendations, and any other significant criteria before a

placement decision is made. Employers will be provided with any

information from this student profile upon request.

\_\_\_2. The Senior Internship Coordinator will act as a liaison between the

employer and student to assist in any problems that might arise

during the course of the internship.

\_\_\_3. The Senior Internship Coordinator will potentially conduct supervisory visits to

each internship worksite to insure that both the student and

employer are benefiting from the Senior Internship Program.

\_\_\_4. In recommending an intern to an employer, the school is of the

opinion that the student will make an excellent pre-apprentice in

his/her skill area.

**\_\_\_I understand that I can only withdraw from the internship program within two weeks of my starting date.**

**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Coordinator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Sutton Memorial High School**

**Information Form & General Release**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Father/Mother/Guardian**

**of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_, hereby approve and consent to the participation of my child in Sutton High School’s Senior Internship Program. I am aware that my child will be driving him/herself to the internship site on a daily basis.**

**Emergency Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: (work)\_\_\_\_\_\_\_\_\_\_\_(home)\_\_\_\_\_\_\_\_\_\_\_(cell)\_\_\_\_\_\_\_\_\_\_\_\_**

**We have the following family medical coverage:**

**Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Policy #:\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Student Signature**

**GENERAL RELEASE**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned Father/Mother/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, do herby consent to his/her participation in the voluntary Senior Internship Program and I consent to any background checks, drug testing, and/or release of school records if it is required by the employer for an internship placement. I agree that I am not required to waive my legal rights as a condition of this Internship Participation.**

**I have read the above statement and agree to its terms.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Student Signature**

**Date: \_\_\_/\_\_\_/\_\_\_\_**

**Note: Failure to return this completed form may result in your son/daughter being declared ineligible for participation.**

**Sutton Memorial High School**

**Parent Permission, Liability Waiver & Insurance Verification Form**

To the Parent/Guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

PART 1:

**PERMISSION:** I have read the information concerning the SHS Internship Program (refer to the Information Letter) and give my son/daughter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate in this program. I understand that participation in this program requires each student to arrange his/her own transportation to and from the internship site. I give permission for my child to drive to and from the internship site. I understand that my child must meet the application requirements to be considered for this program.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

PART II:

**EMERGENCY AUTHORIZATION:** In the event that I cannot be reached in an emergency, I hereby give permission to staff at Sutton High School or the Internship Sponsor to secure proper treatment for my child.

Parent/Guardian Phone #s

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

Home Phone Work Phone Cell Phone

Please list another contact if you cannot be reached:

Name;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART III:

**LIABILITY:** I understand that Sutton High School’s Internship Sponsor or business is **NOT** liable for any medical bills due to injury to my child while he/she is participating in the SHS Internship Program.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

PART IV:

**INSURANCE:** Sutton High School 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 Sutton High School, the Intern’s parent or guardian must confirm that the student is covered by accident and automobile insurance to the parent’s satisfaction. Complete the information below confirming that your child has accident and automobile insurance and return to the Internship Coordinator.

*Please print all information*

Student Name:

Student Address:

Parent(s)/Guardian(s) Name:

Parent(s)

Phone: Day Night

Physician Name: Phone #

Physician’s Address:

**INSURANCE VERIFICATION:** *Please check all that apply.*

\_\_\_My child has Student Accident Insurance through the school.

\_\_\_My child is covered for injury by our Family Health and Automobile

Policy, which is:

**Health Insurance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Policy #**\_\_\_\_\_\_\_\_\_\_\_

Policy Holder’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Automobile Insurance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Policy #**\_\_\_\_\_\_\_\_\_\_\_

Policy Holder’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will notify the SHS Coordinator if insurance coverage for my child changes during the year.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sutton Memorial High School**

**Emergency Contact Sheet**

**Coordinator Contact:**

Coordinator’s Name: Mr. Sergio Marcucci

Coordinator’s Phone #: 508-581-1640 x 4184

Coordinator’s Email: marcuccs@suttonchools.net

**Emergency Information:**

In case of an emergency contact:

Name:

Relation:

Work Phone: Cell Phone: Home Phone:

**Other Sutton High School Contact:**

Ted McCarthy, Principal, 508-581-1640 x 1103

Dan Delongchamp, Assistant Principal, 508-581-1640 ext. 1188

Terri Senecal, Administrative Assistant, 508-581-1641

Lisa Galipeau, Guidance Secretary, 508-581-1640 ext. 1169

**\***Employer Copy

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

**Mock Schedule**

Directions – Please complete your daily schedule below in regards to your internship. Put the hours you will participate in your internship for each day of the week. If you have AP courses, be sure to include your AP classes on each day of the week. This schedule should provide a strong understanding of where you will be on a daily basis, whether you are an AP student or not. Remember, you need between 15 – 25 hours of work each week, depending on the number of AP classes you are enrolled in.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

If you are an AP student, what periods are your AP classes?

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

\*I understand SHS is a seven day cycle, but the “real world” runs on a Monday – Friday schedule. Try to complete what your schedule will most likely look like just so the employer and I can have a solid idea of your overall schedule. \*