

# Charlotte-Mecklenburg Schools

## Academic Internship Program Application

(Complete application in black ink)

6176.1  
8/11

High School	Student ID Number	Date Application Received <small>(School Internship Contact Use Only)</small>
Student's Name	Parent(s)/Guardian(s) Name	
Street Address	City, State and Zip Code	
<input type="checkbox"/> Student's E-Mail Address	<input type="checkbox"/> Home Phone ____/____/____	<input type="checkbox"/> Student's Mobile Phone <input type="checkbox"/> Text <i>Check the box next to your preferred method(s) of communication.</i>
Counselor	Grade Level	Date of Birth

Type of Internship Desired \_\_\_\_\_  
*(Students requesting medical internships must complete the section on the back of this application)*

When would you have at least six hours per week to complete a 34-hour internship? (Check all that apply)

- September  October  November  December  January  February  March  April  May  June  July  August

Please name any person or organization with whom you want to intern \_\_\_\_\_

How did you find out about the internship program? \_\_\_\_\_

List any courses or past experiences that would be helpful in the internship \_\_\_\_\_

**You must provide your own transportation.** Which means of transportation will you use most? (circle one)

- Drive Myself                     
  Relative or Friend Will Drive                     
  Public Transportation

Please indicate the days and times you are available to interview and participate in internship activities. Saturdays and Sundays are limited to certain internships. Interviews are set between 3:00 PM and 5:00 PM Monday through Friday. Your internship schedule will be established during the interview.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

*Please list your current class schedule below.*

1 <sup>st</sup> Semester Schedule				2 <sup>nd</sup> Semester Schedule			
Block	SUBJECT	TEACHER	ROOM	Block	SUBJECT	TEACHER	ROOM
1A				1A			
1B				1B			
2A				2A			
2B				2B			
3A				3A			
3B				3B			
4A				4A			
4B				4B			
Which lunch do you have first semester?				Which lunch do you have second semester?			

### AFTER-SCHOOL ACTIVITIES

Please list any *daily* after-school activities or sports in which you participate.

**First Semester**

1. \_\_\_\_\_  
2. \_\_\_\_\_

**Second Semester**

1. \_\_\_\_\_  
2. \_\_\_\_\_

*Parent/Guardian must read and sign the reverse side of this application before submitting. →*

REACH FURTHER. **Global competitiveness starts here.**

## Parent/Guardian/Student Agreement, Permission and Release

The staff of the Charlotte-Mecklenburg Schools Academic Internship Program (AIP) and all community sponsors will make every effort possible to ensure the health, safety and welfare of participants in the internship program. Despite all efforts and precautions, it must be anticipated that an emergency, illness or injury may affect students participating in the program.

I, the undersigned parent or guardian of \_\_\_\_\_, hereby grant permission for his/her participation in the Charlotte-Mecklenburg Schools Academic Internship Program with the following terms:

- I. That neither the Charlotte-Mecklenburg Schools, nor the AIP, nor its employees, nor any party, community organization or agency collaborating with the AIP is liable for accidents, injuries or illnesses occurring during the course of the internship. I, the undersigned, agree to accept full financial responsibility for any accident, injury or illness during said activities. I acknowledge the student identified above is physically able to participate in the AIP and has no current or past injuries, conditions or illnesses which would prevent him/her from participation. In case of accident, injury or illness, I give my consent for the student identified to be taken to a physician or to a hospital emergency room for treatment.
- II. Sponsors of the AIP are official designees of the Charlotte-Mecklenburg Schools and students in said activities are subject to the supervision of any and all sponsors. I understand that all students are expected to conform to the *Charlotte-Mecklenburg Schools Student Rights, Responsibilities & Character Development Handbook* and policies of the sponsoring agency.
- III. Parents/Guardians will be notified in the event of any accident, illness or breach of conduct which threatens to terminate the student's participation in the activity.
- IV. I understand transportation is not provided by the school system. I will ensure that reliable transportation is provided to and from the internship location. Internships will be scheduled **after** the conclusion of a student's daily class schedule. I understand that submitting an internship application does not guarantee placement in an internship. Internship placement is based on the availability of an internship opportunity that meets the needs of the student and the sponsor.
- V. I understand that students participating in the internship program will receive a grade and credit. Students receive ¼ credit for each 34 hour internship successfully completed. The grade is based on evaluation of all components of the internship handbook which includes a focus, student journal, terminology, reflection, time sheet, sponsor's evaluation, capstone activity and meeting assigned deadlines. The grade will be recorded on the high school transcript but is not used to calculate grade point average (GPA). Although more than one unit can be earned, only one unit may count toward graduation. Students who start an internship but do not complete the required hours, do not submit the required materials or are terminated, will receive a failing grade.
- VI. I understand checking the Text box on the front of this application gives approval for the use of text messaging as a means of communication between the student and their coordinator.
- VII. We have read and understand the above CMS Academic Internship Program Guidelines and agree to abide by the above conditions.

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Print Parent/Guardian's Name**

\_\_\_\_\_  
**Relationship to Student**

\_\_\_\_\_  
**Parent/Guardian's Employer**

\_\_\_\_\_  
**Parent/Guardian's Work Address**

(\_\_\_\_\_) \_\_\_\_\_  
**Parent/Guardian's Work Telephone Number**

(\_\_\_\_\_) \_\_\_\_\_  
**Parent/Guardian's Mobile Telephone Number**

In the event that a parent/guardian cannot be reached in an emergency, please list an alternate contact.

\_\_\_\_\_  
**Name of Emergency Contact      Relationship to Student      Emergency Contact's Telephone Number**

\*\*\*\*\*

### THIS SECTION TO BE COMPLETED ONLY BY STUDENTS SEEKING MEDICAL INTERNSHIPS

*Students who provide ALL requested documentation will be placed on the medical waiting list.*

**Step One:** Staple a copy of your official current vaccination record(s) to this application. Depending on the health care facility, you may be required to authorize a background check and obtain tests, immunizations or boosters in addition to the items listed below:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> DTP (3 shots)             | <input type="checkbox"/> TB Skin Tests | <input type="checkbox"/> Oral Polio Vaccine | <input type="checkbox"/> Date of Chicken Pox Disease or Vaccine |
| <input type="checkbox"/> Hepatitis B 3 shot Series | <input type="checkbox"/> MMR (2 shots) | <input type="checkbox"/> Tetanus Vaccine    |   |

**Step Two:** Rank your top **six (6)** choices of medical specialties. (Number one your first choice, number two second choice, etc) Your selections could determine your hospital assignment.

- |                      |                         |                    |                        |                  |
|----------------------|-------------------------|--------------------|------------------------|------------------|
| __Cardiology         | __Heart Catheterization | __Oncology         | __Post-Anesthesia Care | __Women's Health |
| __Emergency Medicine | __Intensive Care        | __Orthopedics      | __Renal/Dialysis       | __Other (_____)  |
| __Endoscopy          | __Neonatal/Postpartum   | __Pathology        | __Radiology            | __Other (_____)  |
| __General Medical    | __Neurology             | __Pediatrics       | __Respiratory Therapy  |                  |
| __Geriatrics         | __Nutrition/Wellness    | __Physical Therapy | __Sports Medicine      |                  |