

Student Name: _____

Name of Internship Location: _____

Address of Internship Location: _____

Name of Internship Mentor: _____

Mentor's Email Address: _____

Mentor's Phone Number: _____

Expected Work Schedule: _____

Expected Number of Hours: _____ (should be at least 48!)

What kinds of activities will you engage in while at your internship? _____

I understand that the 11th grade internship is an academic requirement and that I will participate in this experience to the fullest of my ability and with the utmost respect and integrity for myself, the school, and the organization at which I am working. I understand that my family and I are responsible for transportation to and from my internship site and that there will be no school classes or activities from Monday, June 3 through Wednesday, June 12, 2024.

Student Signature

Date

Parent Signature

Date