



North
Cross
School

Student Application

Malcolm K. Douglas Summer Internship Program

Student Name (please print): _____

Age: _____

Current Grade: _____

Email: _____

Cell Phone/Text: _____

Which of these (Email or Cell Phone/Text) is the most reliable with which to contact you? _____

What type of internship would you like to pursue? It might be wise to discuss this with your parents.

Corporate Business

Engineering

Academic

Medical

Legal

Community Service

The Arts

Teaching

Other: _____

Explain your choice in two to three sentences:

What goals would you set for your internship? What would you like to come away with at the end?

Student Signature: _____

Date: _____

Before signing and returning this application, complete the Host/Student and Host/School Agreements on the following pages, and read them carefully. Your signature commits you to following these guidelines.



North
Cross
School

Parent/Guardian Authorization
Malcolm K. Douglas Summer Internship Program

I hereby grant permission for my daughter/son to participate in the Internship Program at North Cross School (NCS). I understand that this program is voluntary, and that there is no requirement for my child to participate in this program.

I understand that to participate in this program, my child will not be on the NCS campus, but at the location of the internship host, and hereby grant my permission for this to occur. It is understood that my child's schedule will be on file at the school, with the Internship Program Director, Malcolm Douglas, and that I may receive a copy if so requested.

I assume full responsibility for my child's transportation to and from the internship site. I also acknowledge that NCS will have no responsibility for the transportation of my child to and from the internship location, nor for any type of automobile or other insurance coverage. I confirm that my child is covered by medical insurance to my satisfaction. Also, since the internship will take place at a location apart from NCS property, I acknowledge that NCS will have no responsibility for the conditions at said location.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Student Name (please print): _____



North
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Student/Host Agreement

Malcolm K. Douglas Summer Internship Program

Internship students must agree to the following school and work policies as stated below:

I understand that I must conduct myself at all times as an adult; to be considerate, cooperative, and congenial with all persons at all times. I must be aware that I represent myself, my parents, my internship host, my school, and my internship program director by my behavior.

I understand that I am expected to be at the internship site at the times specified by my host and the NCS program director. When I am not able to attend my internship because of illness or emergency, I understand that I must contact the NCS program director AND my host by 9:00 am.

I understand that I must dress appropriately for my work environment. I understand that I must conform to all rules, school policies, and regulations pertaining to behavior, attendance, and other issues. I also understand that I must assume the responsibilities of a regular employee and observe employment regulations in regard to reporting to work and in keeping with general job regulations.

If there are concerns about my work assignment or if problems of any kind develop, I will inform the NCS program director immediately and give all details. I understand that my work comes under the supervision of the school's internship program director, and that I am not on my own with the host.

I understand that I cannot participate in any activity which conflicts with my internship commitment for the duration of this agreement. Should there be a family event, sports activity, vacation, etc. I will coordinate this conflict with my host and the NCS program director and obtain their consent prior to the event.

I understand that an oral and/or written presentation may be required as part of my internship assignment.

I have no expectation that I will be paid for my internship. I understand that any projects I develop or assist in developing are the property of the host.

I understand that I may be required to meet with the NCS program director during assigned times to share and review my work.

I understand it is my responsibility to maintain communication with my host and the NCS program director.

I understand that my commitment to the internship host begins as soon as I can reasonably arrive at the work site (depending on schedule and transportation time) and finishes at a time specified by my host in agreement with the NCS program director.

I understand that I must observe and comply with all security and safety requirements of my internship firm.

I understand that any violation of the above regulations could result in my being removed from the internship program.

Student Name (please print): _____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____