



North
Cross
School

Student Application

Summer Internship Program

Interested students must complete and return this application to Sharnice Mayo or Malcolm Douglas

Student Name (please print): _____

Age: _____

Current Grade: _____

Email: _____

Cellphone/Text: _____

Which of these (Email or Cellphone/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
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Internship Program

Student/Host Agreement

North Cross School (NCS) internship students must agree to the following school and internship 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 NCS 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. 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 internship environment. I understand that I must conform to all rules, school policies, 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 internship assignment or if problems of any kind develop, I will inform the host and the NCS Program Director immediately and give all details. I understand that my internship training comes under the supervision of the school's mentorship program director, and that I am not free to alter my assignment without prior approval from my host and the NCS director.

I understand that I cannot participate in any activity or vacation which conflicts with my internship commitment for the duration of this agreement.

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

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

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

I understand it is my responsibility to maintain communication with my internship host and the NCS Program Director.

I understand that my commitment to the internship host begins as soon as I arrive at the internship site 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 host.

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

Student Name (please print): _____

Student Signature: _____

Date: _____

Host Signature: _____

Date: _____

Program Director Signature _____

Date: _____



North
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Internship Program

Parent/Guardian Authorization

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): _____