

## **JOB SHADOW / INTERNSHIP PACKET**

This packet contains the following Job Shadow/Internship documents:

- Information for Parents
- Contract
- Student Commitment Contract
- Adult Mentor Evaluation Form
- Student Evaluation Form
- Thank You Letter

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CURTIS HIGH SCHOOL COLLEGE & CAREER CENTER  
253-566-5710 (EXT. 2103)

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## **JOB SHADOW / INTERNSHIP – INFORMATION FOR PARENTS**

Learning about business is simpler for students who, through observation or otherwise, gain an understanding of how the world of business works. However, for this to be a meaningful experience, students should intern in their career path interest area. Interning is an exploratory experience where students are with an adult mentor(s) at the work site. These mentors provide an opportunity for students to experience the world of work and apply their education in a real world setting. This experience helps students understand the relevance of education through application.

Parents and students are responsible to contact a potential volunteer site and receive approval from an adult mentor at the work site in order to participate as a volunteer. The adult mentor **must** be over 21, and have at least two years of experience in their career field.

**School personnel may not have visited the business site, may not have met the adult mentor, will not be present when the student is at the site and will not supervise the visits.**

In order to take part in the volunteer experience, the student must have completed the following:

- **Job Shadow / Internship Contract AND Student Commitment Form** completed and signed by all parties and submitted to the CHS College and Career Center **at least one week prior** to the Job Shadow/Internship experience.
- Contacted their Job Shadow/Internship Adult Mentor to make arrangements and set-up times.
- Create a transportation plan. **(NOTE: Transportation is the responsibility of the parent or guardian of the student.)**

The information below is for your records and is to be completed by the student.

Student Name: \_\_\_\_\_

Job Shadow/Internship Organization (Business Name and Address):

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

Date of Job Shadow/Internship Experience: \_\_\_\_\_

Name of Adult Mentor: \_\_\_\_\_

Adult Mentor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title of Adult Mentor: \_\_\_\_\_

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**JOB SHADOW / INTERNSHIP - CONTRACT**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Student's Career Goal: \_\_\_\_\_

Adult Mentor Name: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_

Student's Position (Type of Job Shadow/Internship): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Student Responsibilities: (Failure to comply with any of the following may result in termination from the program.)**

1. Keep regular attendance at school and on the job, notifying the Adult Mentor of any anticipated absences.
2. Abide by all state, federal, business site, and school rules and regulations.
3. Demonstrate honesty, punctuality, cooperation, confidentiality, and respect for others.
4. Submit verified documentation of hours at the learning/training site to the CHS School Coordinator and complete all required forms.
5. Inform the Adult Mentor and the CHS School Coordinator of any problems, concerns, accidents/injuries immediately.
6. Abide by the dress code of the learning/training site.

**Parent/Guardian Responsibilities:**

1. Provide support for the student's active participation, punctuality, and personal growth in the program.
2. Assume responsibility and liability for student transportation while traveling to and from the worksite.

**Adult Mentor / Organization Responsibilities:**

1. Provide orientation (i.e. safety policies, and procedures) and job specific training, if needed.
2. Provide a safe working environment and report any student accidents and injuries.
3. Supervise students while on business premises and monitor employees who have direct contact with students.

**CHS School Coordinator Responsibilities:**

1. Secure all paperwork, including a training plan, before credit and/or grades are issued
2. Inform students of basic worksite safety and minor work laws
3. Consult with the Internship/Job Shadow Site Representative to evaluate student performance
4. Document all accidents and injuries

***Each party shall defend, indemnify and hold the other party, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of injuries and damages caused by each party's own negligence***

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**CHS Student**

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Student Home Address

\_\_\_\_\_  
Student Home Telephone

**Adult Mentor / Organization**

\_\_\_\_\_  
Adult Mentor Name (print)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Organization Address

\_\_\_\_\_  
Organization Telephone Email

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**Parent / Guardian**

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent/Guardian Address

\_\_\_\_\_  
Parent/Guardian Home Telephone Parent /Guardian Work Telephone

**CHS School CoordinatorM**

\_\_\_\_\_  
School Coordinator

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Curtis High School

\_\_\_\_\_  
Name of High School

\_\_\_\_\_  
8425 40<sup>th</sup> Street West University Place, WA 98466

\_\_\_\_\_  
School Coordinator Address and Zip Code

\_\_\_\_\_  
253-566-5710 x2103 253-566-5626

\_\_\_\_\_  
School Coordinator Telephone FAX#

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## **JOB SHADOW / INTERNSHIP - STUDENT COMMITMENT FORM**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Level: \_\_\_\_\_

Adult Mentor Name: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_

This form must be signed and submitted to the CHS College & Career Center, Room 103, prior to beginning the job shadow/internship. You are also responsible for keeping a copy of this form in their portfolio for your records.

### **Student Requirements & Responsibilities:**

1. The Job Shadow/Internship Contract is signed by all four parties: Student, Parent, Adult Mentor/Organization and School Coordinator AND submitted to the CCC BEFORE the job shadow/internship begins. All signatures are REQUIRED.
2. Student must arrive on time on scheduled work date(s).
3. Student must remain actively engaged in the experience throughout the scheduled time (from beginning to end).
4. Student must refrain from using cell phone, MP3 player and electronic-like devices while job shadowing/interning.
5. Student is dressed appropriately, including safe functional footwear. (Many employers do not allow open-toe shoes such as flip-flops and sandals for safety reasons.)
6. Student must ask relevant questions at appropriate times.
7. Adult Mentor Evaluation Form must be completed and turned in to the CCC by due date.
8. Copy of thank you letter must be submitted to the CCC by due date.
9. Original thank you letter must be mailed, e-mailed, or hand delivered to worksite within one week of Job Shadow/Internship completion. Copy must be submitted to the CCC by due date.

I, \_\_\_\_\_, agree to commit to all of the above requirements in order to participate in this Job Shadow/Internship experience. I understand that if I do NOT fully comply with these requirements that I may be dismissed from this assignment at any time.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Confirmation by CHS College & Career Center:

CHS Staff Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

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**JOB SHADOW / INTERNSHIP – ADULT MENTOR EVALUATION FORM**

Please return this form with the student volunteer or you may fax it to:  
Return Fax Number: 253-566-5626 ATTN: CCC Room 103

**Thank you for participating in our Job Shadow/Internship learning experience.** This has been a very worthwhile opportunity for our students and teachers because of such great business partners who are willing to partner with education. Would you please give us some feedback on the job shadow/internship experience; we would like to use your input to strengthen the experience for both students and employers.

Name of CHS Student: \_\_\_\_\_

Name of Adult Mentor: \_\_\_\_\_

Job Title of Adult Mentor: \_\_\_\_\_

Adult Mentor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

1. What would you suggest to improve this experience for you and your business?

2. What would you suggest to improve this experience for the student?

3. List any other suggestions/comments.

4. Would you be interested in participating in any of the following activities:

- Continued high school student internships:  Yes  No
- Host a field study to your worksite:  Yes  No

If yes, indicate type of field trip:

*Thank you for your comments. If you have questions or concerns about this activity, please call the Curtis High School College and Career Counselor, 566-5710 x2103.*

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## **JOB SHADOW / INTERNSHIP – STUDENT EVALUATION FORM**

*Evaluate your experience and return this form to Ms. English in the CHS College & Career Center.*

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Level: \_\_\_\_\_

Adult Mentor Name: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_

**Circle the response you feel best represents your experience on this field study.**

**Key:** 5 = Strongly Agree 4 = Agree 3 = Undecided 2 = Disagree 1 = Strongly Disagree

- The adult mentor was knowledgeable about the subject matter. 5 4 3 2 1
- The job shadow was interesting. 5 4 3 2 1
- The information relates to what I do in school. 5 4 3 2 1
- The job shadow lasted the right amount of time. 5 4 3 2 1
- This was a good use of my time. 5 4 3 2 1

**Give a brief response to the following questions or statements.**

1. What went well during your experience?

2. What did you like most about this experience?

3. What did you like least about this experience?

4. What was the most important thing you learned today?

5. Give any other comments you would like to make about your experience.

## **JOB SHADOW / INTERNSHIP – THANK YOU LETTER**

Writing a thank you letter to your adult mentor is very important to show your appreciation. Upon completion of your job shadow/internship, you are required to write a one-page letter and send to your adult mentor. In addition, you need to submit a copy of your letter to the CCC within one week of job shadowing. When you write your letter, remember to do the following:

1. Be neat.
2. Proof your letter for proper spelling and grammar.
3. Begin your letter with a sentence that specifically thanks the adult mentor and organization for allowing you to visit the company or business. For example, "Thank you for taking time out of your schedule to serve as a job shadow mentor for the afternoon."
4. State something specific that you learned or enjoyed during the job shadow. For example, "I learned a great deal about how an engineer uses computers, and I really enjoyed taking a tour of the facility."

### **Sample Thank You Letter**

March 22, 2011

Dr. David Smith  
Veterinarian  
ACME Veterinary Clinic  
3877 Henderson Street  
SLC, UT 84044

Dear Mr. Smith:

Thank you for allowing me to intern with you on March 20, 2011. I realize that this took time away from your regular responsibilities, and I am grateful for all the information that you were able to provide regarding your job at ACME Veterinary Clinic.

Last night, I talked with my family about my experience at ACME. I am now more convinced that I want to become a veterinarian. I am glad you gave me ideas about which classes I should take while in high school and I plan to take more math and science classes next year as you suggested. In addition, I plan to apply to the colleges that you suggested for my post high school education.

Thank you, again, for giving me this valuable learning experience.

Sincerely,

Sam T. Student  
Curtis High School Junior