



WORK-BASED LEARNING

STUDENT INTERN COMMITMENT

Check one: Internship Apprenticeship Clinical Cooperative Work Experience

Student Intern Name: _____ Student Intern #: _____

Worksite Name: _____ Worksite Mentor: _____

Days Scheduled: _____ Hours of Day: _____

I AGREE TO ALL OF THE FOLLOWING:

1. To understand how my roles and responsibilities contribute to the success of the worksite and the total organization.
2. To notify my worksite mentor prior to my absence.
3. To regularly attend and be on time at my assigned worksite.
4. To conform to the standards (dress, grooming, conduct, etc.) of the worksite.
5. To make every effort to do my best at the worksite.
6. To follow worksite policies and procedures regarding confidentiality.
7. To consult with my Work-Based Learning Coordinator on a regular basis regarding my work-based experiences. (I understand that poor attendance or termination without notifying the Work-Based Learning Coordinator will result in a failing grade. A failing grade is not negotiable.)
8. To complete and submit required forms and assignments at the designated times and participate in required activities.
9. To be successful in the related class(es).
10. To notify my Work-Based Learning Coordinator if any problems or concerns arise regarding my internship (e.g, safety, sexual harassment, etc.).
11. To notify my Work-Based Learning Coordinator and parent should an accident or illness cause me to miss a day at the worksite.
12. To inform parent(s) or guardian(s) of any changes in the Work-Based Learning Agreement.
13. To hold a valid driver's license and be insured with at least the state-required minimum insurance if I am driving to the worksite.

Student Intern's
Signature: _____

Parent/Guardian's
Signature: _____

Date: _____

Date: _____