



# INTERNSHIP Agreement

Student Name: \_\_\_\_\_ High School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Site: \_\_\_\_\_

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

Site Host: \_\_\_\_\_ Site Host's Title: \_\_\_\_\_

Host's Phone: \_\_\_\_\_ Host's E-Mail: \_\_\_\_\_

Title of Internship Position: \_\_\_\_\_

Term of Internship:  Fall  Winter  Spring  Summer Hours: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Internship Start/End Date: \_\_\_\_\_

## Agreement

This contract may be terminated or amended by the student, faculty internship advisor, or employer at any time upon written notice to the Internship Program Coordinator. If, for any reason, the internship is terminated prior to the official ending date, the student will not receive any credit. The student must work a total of \_\_\_\_\_ hours between the dates set forth for that semester/term. Attendance at each of three scheduled Career Development meetings is mandatory. You must complete the entire \_\_\_\_\_-hour program and attend the assigned meetings. Failure to attend these meetings or complete the designated hours may cancel your participation in this program, forfeit your credit (or receive a failing grade) and disqualify you from future participation. ***Student safety is everyone's priority and responsibility. Please take the time to discuss workplace safety, including harassment.***

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Host Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guidance/Program Contact's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Internship Site Policy Adherence Agreement for Student Internship Program Participants

I, the undersigned, acknowledge that I will abide by the regulations and policies of my Internship site host with respect to confidentiality at the worksite, computer and equipment usage and all other regulations and policies set forth by my workplace. I agree to participate in the Workplace Learning Connection Student Internship Program under the conditions set forth by the Workplace Learning Connection, my high school and my internship site host.

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Student Name Printed

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Signature Date Signed

**Learning Goal for my internship (Write a SMART goal-Specific, Measurable, Attainable, Realistic and Timely):**

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This document will become part of the student's permanent high school career development file when the Internship has been completed.

**Please make sure all signatures are completed.  
Please return this form to WLC at your orientation session.  
Thank you!**

**Workplace Learning Connection  
Linn Regional Center  
1770 Boyson Rd  
Hiawatha, IA 52233  
(319) 398-1040 (phone)**

**Workplace Learning Connection  
Johnson County Regional Center  
2301 Oakdale Blvd  
Coralville, IA 52241  
(319) 887-3970 (phone)**

Find out more at:  
[www.workplace-learning.org](http://www.workplace-learning.org)

The Workplace Learning Connection programs provide equal opportunity to all persons regardless of sex, race, age, creed, color, national origin, religion, sexual orientation, marital status or disability.