

Marin County School to Career Partnership

P. O. Box 4925, 1111 Las Gallinas Avenue, San Rafael, CA 94913 Phone 415-499-5865 • Fax 415-491-6622

You can find out more at our College and Career Readiness web page, located at: https://www.marinschools.org/Page/307

Student Internship Application Packet

Dear Students and Parents:

The Marin County School to Career Partnership is pleased to offer an Internship Program for public high school students in Marin County. The program offers students the opportunity to gain hands on workplace skills and to test their academic knowledge in a real world setting.

Internships may vary depending upon the needs of the students, the needs of the employers, and the requirements of the School to Career program. Every effort will be made to find an internship placement for students in one of their top three choices; however, some internships are not available at all times and choices are limited in certain industry areas. The School to Career Liaisons, located in the High School Career Centers, coordinate with students, teachers, and employers to ensure that each student has a meaningful learning experience. Most of the internships are unpaid, although there might be some paid opportunities.

Students are generally expected to work a minimum of 54 hours at the internship site during the internship periods. Please note: some individual schools may require more hours for students to receive academic credit. Check with your School to Career Liaison.

Included in this packet are the following documents that will explain the program in greater detail and let you know how to enroll if you are interested:

- Student Internship Application
- Signature Page
- Student Technology Profile
- Teacher Recommendation

Here are some general instructions:

- 1. Please read all of the enclosed materials.
- 2. Complete and sign the Student Internship Application and include all required parent or guardian signatures.
- 3. Submit a résumé with your application.
- 4. See your School to Career Liaison in the Career Center with your application. Your liaison can assist you with your résumé and your application. He or she will also assist you in finding a suitable internship placement, preparing for your interview, and succeeding in your internship experience.

If you have any questions, please see your School to Career Liaison or call the School to Career Partnership Office at 415-499-5865.

Novato Unified School District: San Rafael City Schools: Shoreline Unified School District: Tamalpais Union High School District: Marin's Community School / Loma Alta:

We look forward to your participation!

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School to Career Partnership Student Internship Application

Indicate the semester for which you are applying: Spring:_____ Summer:____ Student Name: ______Age: ______ Address: _____Zip Code: _____ Home Phone: Cell Phone: Gender: ______Grade Level:______Ethnicity:_____ Name of School: School Liaison: GPA: How did you hear about this program?_____ What careers are you interested in exploring? Enter below and rank your top three choices by numbering 1, 2, and 3. Following are some examples of possible internships – remember that not all internships are available at all times and to keep your options open to exploring many areas of interest: Agriculture or Gardening, Architecture, Business or Financial Services, Computer Hardware or Software Construction, Education, Engineering, Environmental Sciences, Government, Graphics, Health, Hospitality, Information Technology, Journalism, Law or Legal Services, Multimedia, Nonprofit or Community Service Organizations, Performing Arts, Public Relations or Marketing, Real Estate, Scientific Research, Social Services, Tourism or Recreation, Web Page Design, and many others! 2:______ 3:_____ Have you seen 3 specific internships in the information at your Career Center that particularly interest you?

2:______ 3:_____

Please answer	the following qu	estions in full senter	nces:		
What do you h	nope to gain from	your participation i	in the program?		
What appeals	to vou about the	careers you wish to	explore?		
777	,	,			
What have yo	u done to investig	gate these fields?			
What are you	r special skills, esi	pecially those that w	vould be an asset to	your internship? For	example, do
•		•		o you have a portfolio	•
Availability: List	st the range of tir	nes each day that y	ou are able to work	at your internship by	filling in the
Monday:	Beginning Time	::	Ending Time:		
Tuesday:	Beginning Time	::	Ending Time:		
Wednesday:	Beginning Time	e:	Ending Time:		
Thursday:	Beginning Time	e:	Ending Time:		
Friday:	Beginning Time	e:	Ending Time:		
Saturday:	Beginning Time	e:	Ending Time:		
Sunday:	Beginning Time	e:	Ending Time:		
<u>Transportation</u>	n: How will you go	et to and from your	internship?		
Drive own car	: Pare	nts will drive me:	Bus:	Other:	

Signature Page

Medical Authorization:

of Education.

Should it become necessary for my child to receive medical attention or treatment while participating in any School to Career (STC) or Regional Occupational Program (ROP) activities, I hereby give permission to school district personnel to use their best judgement in obtaining medical services for my child. I further give the selected physician permission to render whatever medical treatment he or she deems necessary and appropriate.

and appropriate.	,
Family Doctor:	Phone:
Preferred Hospital:	Phone:
Emergency Contact: (Daytime phone of parent	or guardian):
Transportation:	
	and give permission for my child to ride as a passenger in ip employer, or Marin County School to Career Partnership
school district or the Marin County School to Ca district nor the Marin County School to Careei injury or losses resulting from this transpo	iver is not driving on behalf of or as an agent of either the reer Partnership. I fully understand that neither the school Partnership is responsible, nor assumes liability for, any rtation. Although School to Career may assist in the ed travel times, routes, or caravanning to or from events, I re not mandatory.
Consent and Authorization for Medi	a Use:
In the interest of education, I, the undersign	gned, consent to and authorize the taking and use of
	iews of my son, daughter, or ward (as parent or guardian)
by the Marin County Office of Education and a	ny agency or person approved by the Marin County Office

My son or daughter or ward has discussed the School to Career Program activity with me and I am aware of its requirements and responsibilities. My signature acknowledges my consent to all of the above authorizations and consents.

training, or by any other means selected by the Marin County Office of Education or its agents.

I waive any proprietary right to this material and authorize any subsequent use thereof, including its release and showing to the general public in newspapers, online internet websites, on television, in clinical

Parent's or Guardian's Signature:	Date:		
Student's Signature:	Date:		

Student Technology Profile

Student Name:				
In the appropriate category be the line or area that best descr PC version of the applications.				
 <u>Basic</u> – User has a minimur <u>Intermediate</u> – User is com <u>Advanced</u> – User knows all 	fortable with i	most or all key featur	es of the applicati	
Word Processing (e.g., Microso	oft Word):			
Name of Software:	Basic:	Intermediate:	Advanced:	Mac or PC:
Spreadsheet (e.g., Excel):				
Name of Software:	Basic:	Intermediate:	Advanced:	Mac or PC:
Graphics, Presentation, or Pub	lishing (e.g., P	owerPoint, Publishe	er):	
Name of Software:	Basic:	Intermediate:	Advanced:	Mac or PC:
CAD or CAM or Multimedia (e.	g., AutoCad, N	Mastercam):		
Name of Software:	Basic:	Intermediate:	Advanced:	Mac or PC:
Programming Languages (e.g.,	HTML, Java):			
Name of Software:	Basic:	Intermediate:	Advanced:	Mac or PC:
Programming Software (e.g., E	clipse):			
Name of Software:	Basic:	Intermediate:	Advanced:	Mac or PC:
Database (e.g., Access, FileMa	ker Pro):			
Name of Software:	Basic:	Intermediate:	Advanced:	Mac or PC:
Video Production (e.g., Premie	ere, Final Cut):			
Name of Software:	Basic:	Intermediate:	Advanced:	Mac or PC:
Web Page Design (e.g., PhotoS	shop, Dreamw	eaver):		
Name of Software:	Basic:	Intermediate:	Advanced:	Mac or PC:

Name of Software: _____Basic: ____Intermediate: _____Advanced: _____Mac or PC: ____

Other:

Teacher Recommendation Form

Student Name:				
Recommending	g Teacher Name:		Subject:	
Email:			Telephone:	
offers students world" setting. "second pair of attention of th	Career (STC) Internship p the chance to gain hands Your STC Liaison is there eyes" to keep track of the e STC Liaison. The teach wite you to get as involve	on workplace skills and to support the student is student's progress. Issuer is not expected to he	test their academic t and the employer sues that arise shou nave direct contact	knowledge in a "real . You will serve as a ld be brought to the
•	e this form and return it t comments about the stud			Center. We welcome
How well do yo	u know the applicant?	very Well:	Somewhat:	Slightly:
Please classify opinion.	the applicant in the follo	wing categories. Please	leave blank any for	which you have no
Time on Task				
Poor:	Average:	Above Average:	Superior:_	
Self-confidence	e, Poise			
Poor:	Average:	Above Average:	Superior:_	
People Skills				
Poor:	Average:	Above Average:	Superior:_	
<u>Attitude</u>				
Poor:	Average:	Above Average:	Superior:_	
Academic Abili	<u>ty</u>			
Poor:	Average:	Above Average:	Superior:_	
<u>Leadership Skil</u>	<u>ls</u>			
Poor:	Average:	Above Average:	Superior:_	
<u>Is Punctual</u>				
Rarely:	Sometimes:	Frequently:	Always:	
Fulfills Commit	ments _			
Rarelv:	Sometimes:	Frequently:	Alwavs:	

Shows Responsibil	<u>ity</u>			
Rarely:	Sometimes:	Frequently:	Always:	
Shows Initiative				
Rarely:	Sometimes:	Frequently:	Always:	
Demonstrates Con	nmon Sense			
Rarely:	Sometimes:	Frequently:	Always:	
Demonstrates Mat	turity			
Rarely:	Sometimes:	Frequently:	Always:	
What do you consi	der to be this studen	t's strongest qualities or to	alents?	
•		•	understand or evaluate th	
	for placement and	types of support School	to Career could offer the s	tudent are
welcome.				
Diagramata: Nat a	Il aturdonta que intern			f thous is s
	n students are interr opportunities in a give		udents immediately placed i	r there is a
idek of internship e	pportunities in a give	en neid.		
Teacher Signature:			Date:	
Please complete th	nis form and return it	to the student or to the So	chool to Career Liaison.	

Thank you for your help in connecting this student with an internship opportunity.