

STUDENT RECORD for the INTERNSHIP PROGRAM at MMRHS

Please complete all information

Student's Name _____ Home phone # _____

Home Address _____
Street City ST Zip

E-mail Address _____

Age _____ Year of Graduation _____ Current Grade _____ Sex: M / F

Parent/Guardian Name _____ Work Phone _____

INTERNSHIP INFORMATION

Career Area: _____ Unpaid Paid internship Hourly pay \$ _____

Timeframe: Summer School Year Start date _____ End date _____

Daily/Weekly Schedule: M T W Th F Hrs /week _____ Beginning time _____ Ending time _____

EMPLOYER INFORMATION

Name of Internship Site _____ Name of Business Owner _____

Street Address _____ Mailing Address _____

City _____ State _____ Zip _____ Tel _____ Fax _____

Size: Small (up to 49 employees) Medium (50 to 499 employees) Large (500+ employees)
Type: Private Major non-profit Public Community-based non-profit Union Business Organization

MENTOR INFORMATION (If different)

Mentor/Supervisor Name _____ Job Title _____

Email _____ Tel _____ Fax _____

Address (if different from main address above) _____

Student Signature Date

Parent Signature Date

Internship Mentor Signature (EOE) Date

MMRHS Signature Date

FOR OFFICE USE ONLY: MCAS: 1 2 3 4 L Inc.: Yes No
 Level 1: Brokered internship
 Level 2: Brokered internship with a work-based learning plan
 Level 3: Brokered internship with a work-based learning plan connected back to classroom

Entered in schedule by Counselor _____ Comments: _____
Guidance Counselor _____ Date _____