



Non-Paid Internship Agreement

Program Name _____ Instructor _____

Intern First Name _____ Intern Last Name _____ Associate School _____

Intern's Parent/Guardian Phone (____) _____ - _____ Intern's Cell Phone (____) _____ - _____

Dates of Internship: Start _____ End _____ Time of Internship: Start _____ End _____

Days of Internship: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Name of Internship Site _____

Address of Internship Site _____ City _____ Zip _____

Internship Sponsor's First Name _____ Internship Sponsor's Last Name _____

Internship Sponsor's Job Title _____ Internship Sponsor's E-mail Address _____

Intern's Sponsor's Phone (____) _____ - _____

PLEASE NOTE: There may be special instructions specific to each program and instructor attached to this agreement. Please be sure to review each document that you receive.

The student Internship is located at an industry site; therefore, the student is expected to represent CVCC and his/her program by maintaining high standards of behavior and performance. No pay shall be received. The employer may use this internship as an evaluation period to make the decision to hire the intern for a Paid Internship or Early Placement beginning in late January if student's attendance allows first release. If not, student maybe allowed to start in mid-February or the beginning of April.

The student shall conform to the code of conduct set forth by Cuyahoga Valley Career Center and the policies and procedures of the Internship Sponsor. CVCC and the Internship Sponsor reserve the right to discontinue the Internship if policies of either party are not maintained by the Intern. All parties to this agreement must be made aware of the discontinuance of the Internship prior to or immediately upon discontinuance; the student shall return to CVCC the next school day after discontinuance of Internship. If job site cannot accommodate student any day, student should return to CVCC for that day.

The parent/guardian assumes responsibility and liability for the Intern while at the Internship Site, and for all transportation of the Intern to and from the Internship Site.

Student

Date

Parent/Guardian

Date

Internship Sponsor

Date

Instructor

Date

CVCC Academic Instructor as required

Date

Career & Community Resource Specialist

Date

CVCC Principal or Assistant Principal

Date

**CUYAHOGA VALLEY CAREER CENTER
 INTERNSHIP / EARLY PLACEMENT / APPRENTICESHIP CHECKOUT FORM**

Instructions: Return this fully completed/signed form along with the Internship / Early Placement / Apprenticeship Agreement/Training Plan, and Job Site Evaluation to Job Placement at least (2) two school days before you plan to leave.

Student Name _____ Program _____

Section 1. To be completed by Job Placement

Year 1 Absences: _____ Year 2 Absences: _____ Total Absences: _____

Year 1 Grade: _____ Year 2 Grade: _____

Fees Owed: _____ Notes: _____

 Job Placement Office Signature _____ Date _____

Section 2. To be completed by Instructor

| Textbook / Materials / Tools Missing / Fund Raising | Replacement Cost |
|---|------------------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |

Total Replacement \$ Due= \$ _____

| | | | | |
|-----------------|--|---|---|---|
| UNIFORMS | CIRCLE or ADD # of UNIFORMS MISSING | | | |
| | 0 | 1 | 2 | 3 |

 Instructor's Signature _____ Date _____

Section 3. To be completed by Treasurer's Agent

| | | | |
|-----------------|----|-----------------|----|
| Uniforms | \$ | Total Section 1 | \$ |
| Other | \$ | Total Section 2 | \$ |
| | | Total Due | \$ |
| Total Section 2 | \$ | Notes: | |

 Treasurer's Agent Signature _____ Date _____

CUYAHOGA VALLEY CAREER CENTER
INTERNSHIP / EARLY PLACEMENT / APPRENTICESHIP
JOB SITE EVALUATION

Note: This form must be fully completed and signed by the Program Instructor. This form, along with a fully completed Training Plan/Agreement, and Checkout form must be submitted to the Career & Community Resources Specialist before a student is permitted to leave.

Student Name: _____ Program: _____
 Contact Name: _____
 Company Name: _____
 Company Address: _____
 Company Phone #: _____

The following evaluation shall be used to determine that a proposed job site is appropriate for student placement:

| | Circle One Response for Each Statement | |
|--|---|----|
| | Yes | No |
| On-the-job safety devices and assurances are in place, and safe working conditions are apparent | Yes | No |
| Job is directly related to the program competencies | Yes | No |
| General work environment is conducive to training | Yes | No |
| Company is willing to develop a training plan and complete necessary CVCC documentation | Yes | No |
| Company is willing to coordinate a schedule for trainee with hours equal to or greater than missed class hours. | Yes | No |
| Attitude of employer is positive for working with a student-trainee | Yes | No |
| Student will be able to use current skills and possibly gain new skills | Yes | No |
| Potential for continued employment (after graduation) | Yes | No |
| Potential for advancement (after graduation) | Yes | No |
| Employer will pay student in accordance with all federal, state, & local guidelines; student shall not be considered an "Independent Contractor" | Yes | No |
| Employer can verify the existence of a written policy prohibiting harassment in the workplace | Yes | No |

Instructor's Comments: _____

Date site visit was made: _____ (visit must have been made within the past 12 months)

This site is (check one): _____ **Recommended** for student placement
 _____ **Not Recommended** for student placement

Instructor's Signature _____ Date _____