



## DOCUMENTS LIST

### Forms to fill out:

- 1 Internship Contact Data.
- 2 Insurance and Emergency Information/ Internship Data.
- 3 Digital Media Permission Form.
- 4 Intent to Employ Minors Under 18 - *Fill out this form and get it signed by an authorized person at your assigned internship provider.*
- 5 Training Memorandum.
- 6 Training Agreement.
- 7 Required Paperwork for Internship.
- 8 3 Blank Thank You Notes- *to be completed by intern for the work supervisor(s) and returned to Mr. Berthiaume.*



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# CONTACT DATA

<b>Student Name:</b>		<b>Date:</b>
<b>Student's Data</b>		
<b>Mailing Address:</b>		
<b>Home Phone:</b>		
<b>Student Cell:</b>		
<b>Student Email Address:</b>		
<b>Father's Data</b>		
<b>Father's Name</b>		
<b>Home Phone:</b>		
<b>Cell phone:</b>		
<b>Email address:</b>		
<b>Work:</b>		
<b>Work Phone:</b>		
<b>Mother's Data:</b>		
<b>Mother's Name:</b>		
<b>Home Phone:</b>		
<b>Cell Phone:</b>		
<b>Email Address:</b>		
<b>Work:</b>		
<b>Work Phone:</b>		
<b>Additional Emergency Contact Data (in case we cannot reach you) - Do not put work supervisor down here.</b>		
<b>Name:</b>		
<b>Relationship to Intern:</b>		
<b>Home Phone:</b>		
<b>Cell Phone:</b>		
<b>Email Address:</b>		
<b>Work:</b>		
<b>Work Phone:</b>		



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# INSURANCE AND EMERGENCY INFORMATION

Student Name:		Date:	
<b>Student's Data:</b>			
Date of Birth:			
Social Security Number:			
<b>Insurance Coverage:</b>			
Name of Health/Accident Insurance Company:			
Insured Name:			
Policy #:			
<b>Student Medical Information</b>			
List any allergies to medications, if any:			
List any Medical Problems:			
<b>Signatures:</b>			
I consent for my child to receive emergency medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.			
Parent/ Guardian Signature:		Date:	
Student Signature:		Date:	

# INTERNSHIP DATA

Work Supervisor Name:	
Work Supervisor Phome:	
Work Supervisor Email:	
Company Name:	
Mailing Address:	



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## DIGITAL MEDIA PERMISSION FORM

**Parent/ Guardian:**

The New Britain High School Academies has my permission to take my son/daughter's digital media photograph/ video during the course of the four years that my child is enrolled in an academy. I understand that if I decide to withdraw this media permission form, I will have to do so in writing.

This media will be used for informational and/or promotional use only.

- Yes, you have my permission to photograph/ video my son/ daughter for informational and/or promotional use on social media, news outlets, etc.
- No, you do not have permission to photograph/ video my son/ daughter.

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**Student Name**

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**Parent/ Guardian Signature**

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**Date**



- If you are a minor under the age of 18 years old, please attach your completed Work Permit, which you can request from your schools main office/guidance office.



# TRAINING MEMORANDUM

STATE OF CONNECTICUT  
DEPARTMENT OF EDUCATION  
DEPARTMENT OF LABOR  
New Britain, CONNECTICUT

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<b>Student's Name</b>	<b>Social Security</b>	<b>Sex</b>	<b>Age</b>	<b>DOB</b>
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<b>Job Title</b>	<b>Course Code</b>	<b>Employer</b>
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<b>School</b>	<b>Local Public School System</b>	<b>School Year</b>
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The memorandum of training between the above-mentioned student and the employer will serve as a plan of operation under the cooperative part-time arrangement, and it will outline the conditions under which the effective and mutually valuable training may be accomplished. It will be considered complete when the employer and the teacher-coordinator have outlined both on-the-job training and related instruction to be followed by the student-trainee.

**Both the employer and the teacher-coordinator agree to the following:**

1. That the work of the student-trainee in the occupations declared particularly hazardous shall be incidental to the training.
2. That such work shall be intermittent and for short periods of time, and under the direct and close supervision of a qualified and experienced person.
3. That safety instruction shall be given by the school and correlated by the employer with on-the-job training.
4. That a schedule or organized and progressive work processes to be performed on the job shall have been prepared and are attached.

**The employer agrees to the following:**

1. The student-trainee shall be selected without discrimination,
2. The student-trainee shall be employed in accordance with all the state and federal labor laws.
3. The employer shall provide a minimum of hours specified for the work-based program during the week, such as, 15 hours of job training for cooperative programs, 10 hours for internships, etc.
4. The employer shall regularly provide the teacher-coordinator with pertinent information on the student-trainee progress.
5. The employer shall assist the teacher-coordinator in the evaluation of the student-trainee's job performance.
6. The employer shall devote adequate time and energy in serving in an educational and supervisory role for the student-trainee.
7. The employer shall endeavor to employ the student-trainee for the entire agreed-upon training period.

**The teacher-coordinator agrees to the following:**

1. Assist the student-trainee and employer in any way possible to meet the objectives of the cooperative training program.
2. Visit the training station and consult with the training supervisor on a regular basis.
3. Assist, as far as possible, in coordinating the learning activities on the job with those in the educational program through the related class.
4. Devote adequate time and energy to ensure that the student-trainee has a meaningful on-the-job experience.



# TRAINING MEMORANDUM

- 5. Work closely with the employer on all problems concerning the mutual welfare of all parties and especially for the successful progress of the student-trainee.
- 6. Evaluate the student-trainee's progress on the job periodically throughout the school year. This evaluation will be conducted in conjunction with the employer and the student-trainee.

**The student-trainee agrees to the following:**

- Successfully complete both the classroom and the on-the-job training phase to receive any credit. No partial credit is granted.
- Maintain regular attendance, both in school and on the job.
- Show honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, appropriate dress, and a willingness to learn.
- Consult with the training station supervisor, employer, and/or teacher-coordinator about any difficulties arising at the cooperative work assignment.
- Conform to all the rules and regulations of the cooperative employer.
- Obtain the approval of the teacher-coordinator prior to terminating employment.
- Furnish the teacher-coordinator with all the necessary information and complete all the necessary forms and reports required in the program.
- Devote his/her best efforts to fulfilling the work assignments and related classroom instruction.

We, the undersigned, indicate by our signatures that we have read and do understand the purpose and intent of the training memorandum and the attached individualized training plan.

By: \_\_\_\_\_

<b>Work-Based Supervisor</b>	<b>Date</b>	<b>Student Intern</b>	<b>Date</b>
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<b>Business Address</b>	<b>Teacher-Coordinator</b>	<b>Date</b>
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\_\_\_\_\_  
**Telephone**

**PARENT'S CONSENT STATEMENT**

I, \_\_\_\_\_ hereby give consent for \_\_\_\_\_

<b>Signature of consenting parent or legal guardian</b>	<b>Name of Child</b>
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to be employed by the above-named employer. \_\_\_\_\_

<b>Date</b>	<b>Telephone Number</b>
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\_\_\_\_\_  
**Home address**



# TRAINING AGREEMENT

Student Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Street: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Days per Week: \_\_\_\_\_ Hours per Day \_\_\_\_\_ AM Hours \_\_\_\_\_ PM Hours \_\_\_\_\_  
 School Name: \_\_\_\_\_ School Address: \_\_\_\_\_  
 Career Cluster: \_\_\_\_\_ Area of Concentration \_\_\_\_\_

**Work-Based Learning Activities: Check All That Apply**

<input type="checkbox"/>	<b>Youth Apprenticeship</b>	<input type="checkbox"/>	<b>School-Based Enterprise</b>	<input type="checkbox"/>	<b>Service Learning Project</b>
<input type="checkbox"/>	<b>Registered Apprenticeship</b>	<input type="checkbox"/>	<b>Internship</b>	<input type="checkbox"/>	<b>Other:</b>
<input type="checkbox"/>	<b>Industry-Based Certification</b>	<input type="checkbox"/>	<b>Job Shadowing</b>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>Clinical Work Experience</b>	<input type="checkbox"/>	<b>Simulation</b>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>Cooperative Education</b>	<input type="checkbox"/>	<b>Work (Area of Concentration)</b>	<input type="checkbox"/>	

**EMPLOYER RESPONSIBILITIES:** The employer agrees to place the student learner in the activity specified above for the purpose of providing work-based learning or occupational experiences of instructional value. The activity will be under the supervision of a qualified supervisor and will be performed under safe and hazard free conditions. The student learner will receive the same consideration given to employees with regard to safety, health, social security, and general work conditions and other policies and procedures of the firm. Safety instruction will be coordinated with the school and the employer. The employer will adhere to all State and Federal Regulations regarding employment, child labor laws, and minimum wages and will not discriminate in employment policies, educational programs or activities for reasons of race, sex, color, religion, national origin, marital status, age, or handicap. The student learner will not displace a regular worker.

**WBL COORDINATOR RESPONSIBILITIES:** The WBL coordinator agrees to work with the employer in developing a written training plan that includes progressive work processes to be performed on the job. The coordinator will visit each student learner at the training station and continue a close working relationship with the person to whom the student learner is responsible while on the job. The coordinator shall attempt to resolve any complaints through the cooperative efforts of all parties concerned. The participating high school will keep employer and student Training Agreements on file for three (3) years.

**PARENT/GUARDIAN RESPONSIBILITIES:** Parent/guardian agrees for the student to participate in a WBL opportunity provided by the public schools (as evidenced with signature).

**STUDENT RESPONSIBILITIES:** The student learner enrolled in a WBL course of study agrees to follow rules and guidelines established by the school, employer, and WBL coordinator with regard to hours of work, school/workplace attendance, appropriate workplace behavior, and reporting procedures.

**HAZARDOUS OCCUPATIONS EXCEPTION:** The student learner enrolled in a WBL course of study agrees to follow rules and guidelines established by the school, employer, and WBL coordinator with regard to hours of work, school/workplace attendance, appropriate workplace behavior, and reporting procedures.





## TRAINING AGREEMENT

Parents agree to arrange transportation for their child to and from the work site. By signing this, they are giving permission for their child to receive emergency medical treatment in case of injury or illness. They also understand that school personnel will not be present when the student is at the site and will not be responsible for their child. All signatories agree to comply with the responsibilities specified in the training agreement. This document does not replace the required Training Memorandum.

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**Student**

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**Date**

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**WBL (School) Coordinator**

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**Date**

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**Parent/Guardian**

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**Date**

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**Work-based Supervisor**

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**Date**



# REQUIRED PAPERWORK FOR INTERNSHIP

**Student Name:** \_\_\_\_\_

You **will not be allowed** to begin your internship until the bulleted items below are submitted. If you do begin work without all of the following turned in, any work you do will not count as internship until the paperwork is turned in.

- Copy of your Social Security Card.**
- Copy of your Driver's License (if you have one).**
- Copy of your Health Insurance Card.**
- Copy of your Birth Certificate.**
- Work Permit.**
- Training Memorandum.**
- Internship Contact Data.**
- Insurance and Emergency/ Internship Data Form.**
- Digital Permission Form.**
- Training Agreement.**



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Provide 3 blank Thank You letters, so that you can complete them for your internship supervisor(s) at the completion of your hours.