



CHARLESTON

CUSD NUMBER ONE

Workplace Experience Program: Internship

Select One:

☐ **Traditional Internship**
(One 80-minute class every day)

☐ **Extended Internship**
(Two 80-minute classes every day)

Please indicate which semester you are applying for:

(Select one or both semesters)

____ Fall Semester

____ Spring Semester

The Internship Program is repeatable. You may apply for the entire year and be placed at one site or intern with two different sites (one fall semester; the other spring semester)

Student Name: _____ Grade: ☐ 11 ☐ 12
(Check the grade you will be in while enrolled in this program)

Home Address: _____ Age: _____ Birthdate: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

Parent/Guardian Email: _____

Career Goal: _____

List the high school courses you have completed that relate to your career goal:

List any skills you have that will help you with this workplace experience:

If you are currently employed, please fill in the information below.

Company Name	Job Title	Work Hours/Days	Duties/Skills

List your extracurricular activities: _____

List the name(s) of local businesses you would like to work with for your workplace experience: _____

To be a part of a workplace experience program at Charleston High School you agree to the guidelines set forth within that program and will fully participate in the classroom and workplace experience. Agreement forms as well as **three** teacher recommendations will be required in addition to this application. Before submitting the application, please be sure you have read the **Internship Handbook** located on the Internship page of the CHS website.

Travel Waiver

I wish to participate in a workplace experience course offered by Charleston High School and am aware that travel is involved. I acknowledge and accept the risks inherent in which I will be participating and in all travel involved. I agree to hold the District, its employees, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in this program. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I have prepared this application accurately and completely and have read and understand the program requirements within the training site agreement.

Signature of Student: _____ **Date:** _____

As the parent/guardian, I give my permission for my child to participate in the workplace experience program. I am aware of the travel involved and agree to hold the District, its employees, School Board members and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in this program. I assume all responsibility and certify that my child has permission to participate in the workplace experience program.

Signature of Parent/Guardian: _____ **Date:** _____