

INTERNSHIP/JOB SHADOW CONSENT FORM

CONTENT: The *Internship* program gives students an opportunity to participate in actual work situations outside the classroom, but on a limited basis. The *Job Shadow* program provides students with the opportunity to observe a worksite related to their career and technical program.

The students are placed in non-paid, work-based experiences. All programs acquaint students with working conditions and give them experience in their chosen career.

STUDENT RESPONSIBILITIES:

1. Transportation is not provided to students who participate in the Internship and Job Shadow programs. Transportation arrangements must be made ahead of time and approved by signature on the reverse side of this form.
2. Participate and be aware that no monetary remuneration (pay) will be received.
3. Be punctual, cooperative, exhibit good conduct, be willing to learn, and dress appropriately at worksite.
4. Keep regular attendance at home school and worksite. Student must notify the BEA if absent or tardy, or if problems arise affecting the worksite schedule.
5. Notify the BEA Director of any worksite injury or incident as soon as possible, but no later than the next school day.
6. Keep an Attendance Report, which will be signed by the worksite supervisor.
7. Complete written assignments as required.
8. In case of inclement weather (ice, snow, etc.) where road conditions are bad or the component school is closed, student will not go to the worksite.
9. If you are absent from the worksite for any reason, inform the employer prior to the arrival time on the scheduled day.

SCHOOL RESPONSIBILITIES:

1. Conduct follow-up to the work experience in the classroom.
2. Contact the BEA to transfer or withdraw students from sites if necessary.

BEA RESPONSIBILITIES:

1. The Internship and Job Shadow Programs will expressly follow the guidelines of the Federal Labor Standards Act, as listed in the Publication WH-1297 Employment Relationship of April 1970; and as interpreted by the Supreme Court, relative to defining students involved in the program as "trainees" rather than "employees."
2. Assist the student and instructor in establishing a worksite and presenting the Consent Form to students.
3. Compile all data and information and keep a record of the work experiences.

PARENT/GUARDIAN RESPONSIBILITIES:

1. Sign Consent Form indicating approval of the program and their child's participation.
2. To be informed that students will not receive pay and that they are classified trainees, not employees.
3. You are encouraged to visit the worksite. Your opinions are valuable to the employer, school, and your child.

WORKSITE SUPERVISOR'S RESPONSIBILITIES:

1. Inform regular employees of this program and their importance in providing observable learning situations.
2. Sign weekly record of student attendance on the forms provided by the coordinator.
3. In the case of Shadow experiences, allow students to *observe* regular employees. Where students are involved in the Internship program, students are able *to participate in actual work situations but on a limited basis*, as set forth in the Fair Labor Standards Act. In the case of all work-based experiences, students do not replace regular employees.
4. Discharge student participant if either the student or the work-based experience is not compatible to the employer, or if the student does not comply to the employer's standards of dress, attitude, or behavior.
5. Agrees not to discriminate on the basis of race, color, national origin, creed, sex and age or handicap as defined by law, and is in compliance with Title IX of the Education Amendment of 1972 and with Section 504 of the Rehabilitation Act of 1973.
6. *Follow all appropriate health and safety standards.*



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Internship Job Shadow

School year 2018-2019 Genesee County BEA
c/o Genesee County Chamber of Commerce
8276 Park Road
Batavia, NY 14020

Student: Home School:

Student Email: Student Phone #:

Parent Name(s):

Address: Town: Zip:

Parent Home Phone # Work # Emergency #

WORKSITE:

Placement Site

Street: Town: ZIP:

Telephone: Fax: Contact Person:

SCHEDULE:

Date:

Days: Hours:

ITINERARY:

Departure: (circle) School Home

Work Site Arrival Time: Work Site Departure Time:

Returning to: (circle) School Home

Method of Transportation to and from site:

I have read and understand the Consent Form (front and back) and transportation arrangements, and give my support and consent.

(Please sign)

Student: Date:

Parent/Guardian: Date:

School Administrator: Date:

BEA Director: Date:



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cc: *School Administrator; Student*