PALMER HIGH SCHOOL School-to-Career Application

Complete and return to STC Facilitator (Room 206) Due ASAP Applications processed in order they are received. Seniors given priority Information on this form is used to match students with internship placements.

PERSONAL INFORMATION

Name (Last, First)	
Date of Birth//	
Street Address	
Home Phone	Student Cell Phone
Student E-mail	
Parents/Guardians	E-mail
Cell phone	Work phone
EDUCATIO Graduation Year	N & CAREER INFORMATION
Post High School Plans: □ 2 or 4 yr. College	ge 🗆 Military 🗆 Vocational Training 🗆 Job
List your top two choices for Career interest a	area (See Mrs. Anti or School Counselor for assistance):
1	2
Would you accept a related occupational place	ement if your specific request cannot be met? ☐ Yes ☐ No
Have you participated in STC? ☐ No ☐ Yes	- Where?
Do you have a preferred STC site? ☐ Yes ☐	No
If yes, where?	
Contact Name	Title
Location	Phone
Do you have reliable means of transportation	? □ Yes □ No Driver's License? □ Yes □ No Expected
Indicate semester preference: ☐ Fall ☐ Sp	ring Either
Can your placement be scheduled take place	during either semester (fall or spring)? \Box Yes \Box No
If No explain why	

WORK & VOLUNTEER EXPERIENCE

Current Employer	Job Title _	Dates	
Previous Employer	Job Title _	Dates	Dates
List Clubs, Activities, Sports and d	ates (for timing of placement ar	nd alternate interests):	
		7010	
Which Computer Software Applica	SKILLS & QUALIFICAT ations do you know how to use?		
□ Microsoft Word □Access □Other	□Excel □Power Point	□Web Page Design □Google Suite	e
Career Specific Skills (What kind o	of work do you like to do?):		
Deve en al Chille / Llevy weyld you de	esserile a visuura alfO\v		
Personal Skills (How would you de	•		
Relevant Awards/ Accomplishmen	ts:		
What do you hope to gain from the	e STC experience?		
Are you eligible to work in the Unit	ed States? Yes No		
To be complete after placement is con	firmed:		
Supervisor	Location	1	
Phone	E-mail		

Palmer High School S-T-C Internship Work-Based Learning Agreement

Through STC internship the student receives mentoring and training at a jobsite related to his or her career interest. The STC internship takes place during one/two block(s) of the school day and follows the calendar for vacations and other no-school days. The student is expected to spend 7 hours per week (including travel time) at the jobsite and will credit toward graduation. A job description and related tasks are stated in the Massachusetts Work-Based Learning Plan (WBLP). The WBLP is a standards based performance evaluation tool that is used twice during the semester to evaluate the student's progress at the worksite. A placement is not guaranteed for applicants. Specific internship placements also cannot be guaranteed. Overall, STC students strengthen foundation skills and gain career awareness.

In addition to the requirements and expectations laid out in the PHS Program of Studies, STC has the following requirements: For quarter grades (assignments submitted by the date that grades close for each marking period):

- Weekly journal and signed time sheets documenting STC hours for each week of the marking period
- Other writing assignments as assigned (ex. Resume, Informational Interview)
- For the final exam grade: A final portfolio of work or cumulative project

Parent/Guardian/Student (18 or older) Responsibilities:

- Parent/Guardian/Student accepts the responsibility for the personal conduct of the student during the internship.
- Student will provide copy of driver's license if student is driving to and from worksite (external placement only).

Supervisor Responsibilities:

- Supervisor informs the student of the work rules, regulations, and safety procedures.
- Supervisor allows the student to be involved only in safe activities.
- Supervisor will notify the STC Facilitator regarding attendance issues and/or any inappropriate performance or behavior on the part of the student while at the job site.
- Supervisor is required to evaluate student performance using the Massachusetts Work-Based Learning Plan, review the evaluation with the student, and forward the evaluation to the STC Facilitator.

For external placements only:

- Supervisor will provide a Certificate of Workers' Compensation Insurance.
- Supervisor will provide a CORI Release Form prior to the start of the program (if applicable).

School-to-Career Coordinator Responsibilities:

- STC Facilitator acts as a liaison between the cooperating business, school, parent/quardian, and student.
- STC Facilitator will conduct occasional supervisory visits to the worksite, and is responsible for facilitating the Massachusetts Work-Based Learning Plan.
- STC Facilitator will manage worksite placement, collect and provide related documentation for the student, business supervisor, parent/guardian, submit program reports to the Massachusetts Department of Education, and grades to PHS administration.

Termination of STC Internship: This agreement may be terminated by the Supervisor, Parent/Guardian, Career Facilitator, or Principal with appropriate notice to other parties. Placements are for the duration of the 126 hour commitment.

Media Release: The parent/guardian authorizes duplication and distribution of any product, written or filmed, that was created during the WBL experience. The parent/guardian grants permission for photos or videos in which the student appears to be used for authorized educational and promotional purposes of the School District and/or River East School-to-Career, Inc. (This School District is a member of the River East Schools-to-Career Partnership: www.rivereast-stc.org)

I understand the preceding information and agree to abide by its provisions.

Student	Date
Parent/Guardian	Date
Supervisor (Obtained by STC Facilitator)	 Date

PALMER HIGH SCHOOL

Susan A. North
Principal

4105 Main Street Palmer, Massachusetts 01069 Telephone: (413) 283-6511 Facsimile: (413) 283-3476

John Diorio Connie Mahoney Assistant Principals

Release from Liability and Indemnity Agreement

I, the undersigned parent/guardian/legal representa	tive of	do	
		T'S NAME	
hereby consent to his/her participation in <u>School-to-Career Intern/Extern</u> and in consideration of his/her			
permitted to so participate, I, on behalf of myself, m	y heirs, my agents, my	representatives, and on behalf of	
do forever	RELEASE, acquit, disc	charge, and covenant to hold	
STUDENT'S NAME			
harmless the Palmer Public School District, and its	employees, servants, a	nd agents, as well as the Palmer	
Public School Committee, its former and current me	embers, and its employe	ees, servants and agents, from any	
and all actions, rights of action, causes of action, ch	narges, and/or claims, ir	n any way related to rising from	
and/or growing out of, directly or indirectly, all know	n or unknown personal	injuries or property damage or	
death, which I may now or hereafter have as the pa	rent/guardian/legal rep	resentative of said minor, as well as	
any actions, rights of action, causes of action, charge	ges, and/or claims whic	h said minor said minor has or	
hereafter may acquire, either before or after he/she	reaches the age of ma	jority, resulting from, relating to, or i	
any way connected to, his/her participation in School	ol-to-Career Intern/Exte	ern, sponsored by or related to the	
Palmer Public Schools.			
In addition, I, as parent/guardian/legal representative	ve of said minor, agree	to indemnify the Palmer Public	
School District and its employees, servants, and ag	jents, as well as the Pal	Imer Public School Committee, its	
former and current members, and its employees, se	ervants and agents in th	ne event that any action, charge,	
and/or claim, is brought against the foregoing, whic	· ·		
of, directly or indirectly, in the <u>School-to-Career Inte</u>	, ,		
Schools.	<u>nrextorn</u> , oponoored by	or related to the Fullion Fullo	
COTOGIS.			
Signature of Parent/Guardian	Signature of Student		
Date	Date		

Recommendation for STC Work-Based Learning Internship

The following student has applied for an internship placement. Your recommendation is valuable in placing the student in a Work-Based Learning experience and may be sent to the prospective supervisor. Not to be completed by parent. *Please return to student or the School-to-Career Coordinator ASAP.*

Student Name:						
Your Name:		Relationship to Student:				
Signature:		Date:				
		alities that would be valuable	e in this placement.			
(Circle most approp Adaptable Ambitious Congenial Conscientious Creative Dedicated	Enthusiastic Flexible Hard working Imaginative Industrious Mature	Observant Organized Patient Persistent Positive attitude Reliable	Resourceful Sincere Other:			
initiative, good work	ethic, able to work indeper	s demonstrated by the stude ndently, team player, demon s in speaking, listening, read	strates leadership			
	s or Concerns (e.g. academ chnical skills attainment)	ic performance, attendance,	punctuality, class			
_		C Work-Based Learning place please indicate your approver				

5. Do you believe there is a particular career or setting that would be appropriate for this student?