



Kingston High School Internship Program

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INTERNSHIP PROGRAM ENROLLMENT FORM

PERSONAL INFORMATION: *(Please print clearly)*

LAST NAME	FIRST NAME	AGE	DATE OF BIRTH
STREET		HOME PHONE NUMBER	CELL PHONE NUMBER
CITY, STATE, ZIP		EMERGENCY CONTACT NAME	PHONE NUMBER
EMAIL ADDRESS:		RELATIONSHIP OF EMERGENCY CONTACT	
PRIMARY PARENT/GUARDIAN NAME		SECONDARY PARENT/GUARDIAN NAME	
PARENT/GUARDIAN'S HOME TELEPHONE	CELL PHONE:	PARENT/GUARDIAN'S HOME TELEPHONE	CELL PHONE:
PARENT/GUARDIAN'S EMAIL ADDRESS:		PARENT/GUARDIAN'S EMAIL ADDRESS:	
DO YOU HAVE WORKING PAPERS (under 18)? Please check one. <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE A PHOTO ID (18 and over)? Please check one. <input type="checkbox"/> YES <input type="checkbox"/> NO	

PREFERENCE OF PLACEMENT

CAREER FIELD OF INTEREST:	DESIRED POSITION (IF KNOWN):
WOULD YOU BE ABLE TO WORK AT A BUSINESS AROUND KHS? Please check one. <input type="checkbox"/> YES <input type="checkbox"/> NO	

CURRENT OR PREVIOUS EMPLOYMENT /VOLUNTEER INFORMATION: CURRENT OR PREVIOUS EMPLOYMENT /VOLUNTEER INFORMATION CONTINUED:

COMPANY NAME:	IMMEDIATE SUPERVISOR'S NAME:
STREET ADDRESS, CITY, ZIP	TELEPHONE NUMBER
JOB TITLE (Cashier, Stock, Clerk, etc.)	DATES OF EMPLOYMENT:
RESPONSIBILITIES:	

COMPANY NAME ::	IMMEDIATE SUPERVISOR'S NAME:
STREET ADDRESS, CITY, ZIP	TELEPHONE NUMBER
JOB TITLE (Cashier, Stock, Clerk, etc.)	DATES OF EMPLOYMENT:
RESPONSIBILITIES:	

SCHOOL YEAR TRAINING/WORK SCHEDULE / AVAILABILITY: Please list the hours you can work during a typical weekly schedule
Please check applicable box:

Fixed Schedule Schedule will Vary

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SPORTS, CLUBS, AND OTHER ACTIVITIES:

TRANSPORTATION: Please check the appropriate response.

Do you have a driver's license? ___ YES ___ NO	If YES, which license do you have? ___ Full License ___ Junior License License Number:
Do you drive to school? ___ YES ___ NO	If YES, be sure to register your car with the Security Office.
If you do not have a license, how do you plan on getting to and from work?	Your response: Public Transportation or Other (Check below): <input type="checkbox"/> Bus <input type="checkbox"/> City Bus <input type="checkbox"/> Other: _____

BRIEFLY DESCRIBE YOUR CAREER AMBITIONS:

OCCUPATIONAL LIMITATIONS:

DO YOU SPEAK ANOTHER LANGUAGE?

NO YES _____

REFERENCES:

NAME	POSITION	PHONE NUMBER
NAME	POSITION	PHONE NUMBER
NAME	POSITION	PHONE NUMBER

SELF-ASSESSMENT:

Please indicate how you would evaluate yourself on the following factors.

	NEEDS IMPROVEMENT	SATISFACTORY	STRONG
Ability to communicate with others			
Flexibility			
Punctuality			
Attendance			
Dress in a professional manner			
Dependable			
Writing skills			
Computer Skills			
Comfortable to ask for help			

Please attach a print out of your school schedule and transcript
 You may request this information from your guidance counselor

COUNSELOR'S NAME: _____

INSURANCE COVERAGE IN CASE OF INJURIES TO STUDENT AT INTERNSHIP: EMPLOYER'S WORKER'S COMPENSATION MUST COVER THE STUDENT IN CASE OF INJURIES AT TRAINING SITE.

PROGRAM AWARENESS STATEMENT TO BE CHECKED BY STUDENTS:

- In order to receive credit for my internship experience, I must be training at a legal site approved by the school's internship coordinator.
- I must attend a monthly internship seminar and complete the assignments related to my training.
- I must notify my internship learning coordinator immediately if there is a change of work schedule or duties at the training site.
- Failure to report any disciplinary action, termination, or proper documentation of hours may result in the student not earning school credit.
- Students must present all time cards to coordinator on a regular basis and complete all assignments related to the program.
- If any conditions are present or subsequently arise in regards to restrictions to training, such as medical issues, allergies, lifting heavy items, movement, standing, sitting, migraine headaches, etc., the internship coordinator must be notified immediately. If there are any current conditions, please state them below.

PARENTAL/GUARDIAN PERMISSION AND FOR PICTURE/NEWS STORY RELEASE:

I give my child, _____ permission to participate in the Internship Experience at Kingston High School. By signing the parental permission form, it is understood that:

- All the information is accurate
- In order to receive credit, students must work a minimum of 54 hours during a semester and complete 16 classroom based hours.
- All students must report to Internship Coordinator in the case of any change in employment
- Failure to report any disciplinary action, termination, or proper documentation may result in the student not earning school credit.
- Students must present all time cards to the Internship Coordinator on a regular basis and complete all assignments related to the program.
- A student with a junior license must only drive to school if they go directly to work following the school day and they must carry with them the proper paperwork as directed by the Internship Coordinator.

In addition to agreeing with the above statements, please check off the appropriate boxes if they apply to you:

- I give permission for my child's photograph or name to be used to promote the Work Experience Program.
- I do not want my child's photograph or name to be used to promote the Work Experience Program.
- I am a CITY OF KINGSTON RESIDENT
- I qualify for free or reduced school lunch (even if you are not accepting of this offer, please select if you qualify)

<p style="text-align: center;">PARENT/GUARDIAN'S NAME (Please Print Clearly)</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">Relationship to Student</p>	<p style="text-align: center;">PARENT/GUARDIAN'S SIGNATURE</p>	<p style="text-align: center;">DATE</p>
<p style="text-align: center;">STUDENT'S NAME (Please Print Clearly)</p>	<p style="text-align: center;">STUDENT'S SIGNATURE</p>	<p style="text-align: center;">DATE</p>