



# Innovations High School Internship agreement



## Personal information

Scholar name: \_\_\_\_\_ Scholar cell: \_\_\_\_\_

Scholar email: \_\_\_\_\_

Parent name: \_\_\_\_\_ Parent cell: \_\_\_\_\_

Advisor name: \_\_\_\_\_ Advisor cell: \_\_\_\_\_

Advisor email: \_\_\_\_\_

## Internship site information

Organization: \_\_\_\_\_ Mentor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City: \_\_\_\_\_, NV Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## Important dates

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Set up meeting date: \_\_\_\_\_ Exit meeting date: \_\_\_\_\_

Internship days: Wednesdays Internship hours: \_\_\_\_\_

## The agreement

- The internship site agrees to host the intern for the purposes of receiving educational experience and hands-on learning and training.
- The school will provide related instruction. This will be detailed in the intern's Project Proposal and Timeline.

## The mentor agrees to:

- Provide a sufficient work schedule for intern to gain knowledge and experience.
- Assess intern's work and/or provide progress reports.
- Not terminate scholar without consulting with the school coordinator.

Mentor signature: \_\_\_\_\_

## The scholar agrees to:

- Follow policies and procedures of the internship site and the school.
- Complete both assignments from the internship site and the school.
- Not quit the internship without school approval.

Scholar signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

*Please submit completed form to LTI Coordinator*