



Innovations High School Permission and insurance form



Scholar name: _____ Cell: _____ Advisor: _____

Request for Certificate of Insurance

Department making request: **INNOVATIONS HIGH SCHOOL** Date of request: _____

Type of event: **Informational interview** **Shadow day** **Internship**

Date(s) of event: _____

Organization name: _____

Street address: _____ City: _____, NV

Phone number: _____ Zip Code: _____

Full name of contact person: _____

Email of contact person: _____

Name of company/person to send Certificate of Insurance if different than event location:

	Innovations High School	Taylor Harper, Principal
	777 West 2nd Street	Phone: 775-333-5150
Will there be alcohol at this event? No	Reno, NV 89503	Fax: 775-333-5122

Permission and transportation arrangements

Anticipated time of arrival at location: _____

Anticipated departure time from location: _____

How will you get to the location? _____

How will you get back to school? _____

If you are planning to use the school van,
explain why you cannot take bus or walk: _____

Printed driving directions if taking school van (sign up on van poster)

Printed bus/walking directions to location and back to school

Before advisor approval is given you must show the following:

- Sign up on poster for a sack lunch, if needed
- Phone numbers for Kirst, Carney, advisor, and school saved in phone
- ImBlaze app downloaded, logged in, and appropriate "internship" selected

Advisor approval: _____

Administrator approval: _____

Parent/guardian approval: _____

Parent/Guardian signature gives permission for scholar to leave campus for LTI visit (as noted above). Scholar must check in and out using IMBLAZE.

Please submit completed form to LTI Coordinator



Dear Shadow Day host,

Thank you for your interest in Innovations High School's Learning Through Interest/Internship Program. By taking part in a Shadow Day, hosts are taking part in important work to improve high school education. We sincerely appreciate your interest. Details about the Shadow Day are provided below but please do not hesitate to contact me with questions.

Purpose of the Shadow Day

Each scholar has requested a shadow site based on a personal interest. By being with an adult who has the same interest and who knows a good deal about it, the scholar has the opportunity to experience learning in a meaningful way.

Scholars will arrive at the shadow site prepared with questions or ideas of what they would like to learn that day. If you have never hosted a student before, you may find the following suggestions helpful.

Suggestions for hosts

- Provide a tour of your workplace and describe the purpose of what goes on there
- Share the personal side of how you developed your interest or why you chose the work you do, and why it's important to you.
- Demonstrate as much of your work as you can, rather than just talk about it.
- Share what it is you do to keep up to date in your field.
- Share your educational/career journey so the scholar considers his/her future plans
- If you are in a larger organization, let the scholar know how your work fits in with others in your organization, and what other roles are needed to make your work successful - this may include having the scholar spend time in other departments during the day.
- Don't be afraid to show them the fun side - laughing with them is a great equalizer!

A day with the scholar is very important to his/her education, but we also hope the day will be enjoyable and rewarding for the host. We look forward to an opportunity for a scholar to attend a Shadow Day at your site. If you have questions or comments, please feel free to call me.

Sincerely,

Advisor, Innovations High School

Cell:

Email:



Innovations High School Emergency contact form

**Personal information**

Scholar name: _____ Cell: _____

Date of birth: _____ Advisor: _____

In case of emergency please notify:

Name: _____ Relationship: _____

Phone number: _____ Alternate phone number: _____

Medical information

Please list any medications that would need to be administered in case of an emergency:

Please list any allergies below:	Does scholar carry an EpiPen?	Yes	No
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Please list any other needs or medical issues important to know about in case of an emergency:

**In case of emergency please call 911 and notify
Innovations High School at 775-333-5150**

Parent/guardian consentI consent to this page being given to: *(Please select one option)*

Name of organization: _____

All current and future
organizations for 2019-20 year

Parent/guardian signature: _____

Date: _____

Please submit completed form to LTI Coordinator and bring a copy to Internship/Shadow Day organization



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



Innovations High School Internship description



Scholar: _____ Advisor: _____

Intern title: _____ Organization: _____

Mentor: _____ Phone number: _____

Hours of internship: _____ Start and end dates: _____ - _____

Address: _____ City: _____, NV Zip: _____

Organization description: *Describe what the organization focuses on. You can also include a mission statement here.*

Internship description: *Give a brief overview of what the intern does.*

What the intern will learn: *Outline what the intern will learn during the internship.*

Intern responsibilities and project: *Describe projects or other tasks which the intern will do.*

Additional comments or notes

Please submit completed form to LTI Coordinator