



Office of Postsecondary Readiness
131 Livingston Street, Brooklyn, NY 11201
718.935.5820 / wblbox@schools.nyc.gov

CTE Internship Application

Parent Consent, Placement Information

All information should be typed, except signatures. All fields must be complete; form must be printed, signed, in ink, by parent or guardian, intern, WBL Coordinator, Site Supervisor, and Site Monitor, scanned and emailed to wblbox@schools.nyc.gov.

STUDENT INFORMATION
First Name: Middle Initial: Last Name:
School: Grade: Expected Graduation:
CTE Field of Study: OSIS # Gender:
Email: SSN: Date of Birth:
Home Phone: Cellphone:

ADDRESS (please include floor or apartment #)
Number & Street: Apt. #
Borough: State: Zip Code:

Parent or Guardian
First Name: Last Name:
Relationship to Student: Parent Phone:

Emergency Contact (if different from Parent or Guardian listed above)
First Name: Last Name:
Relationship to Student: Phone:
Mobile: Email:

Internship Parameters
Start Date: End Date: Total Number of Internship Hours Budgeted
School Providing Credit (yes/no): Notes: Projected Hours/Week:

Internship Provider Information
Company Name:
Worksite Address:
Borough: State: Zip Code:
Industry/Sector:

Internship Supervisor
First Name: Last Name:
Phone: Extension:
Fax: Email:

Job Description and Information
Job Title:
Job Description:

Paid/Unpaid Internship Acknowledgement (Student MUST initial one)

INITIAL ONE BOX - REQUIRED

REQUIRED - ONE BOX MUST BE INITIALED

I am applying for a paid internship (requires that you are authorized to work in the U.S. & receive clearance before starting) []

I prefer to participate in this program as an unpaid intern (no clearance required from the Work-Based Learning Resource Center) []

SIGN HERE - REQUIRED

Student Signature

Date

Student Agreement

As an intern, working under the auspices of the Work-Based Learning Resource Center, I agree to the terms above and the following:

- 1. To committ to a noninterrupted internship;
- 2. To maintain excellent attendance and punctuality at the worksite, and to call my work site supervisor if I am going to be late or absent;
- 3. To dress professionally while at the worksite;
- 4. To complete tasks assigned by my worksite supervisor and complete all WBL projects;
- 5. To keep my own personal folder that contains copies of my timesheets, WBL projects, task planners, and updated resume.

Signature and Acknowledgement of Applicant (REQUIRED for all students):

By signing, both student and parent acknowledge that you understand, have accepted, and will comply with, the following HR regulations for paid internships:

- I/my child will not work without receiving formal clearance from the Work-Based Learning Resource Center.
- I/my child will not start work before the official start date given in the formal clearance notification.

I certify that the information given by me in this application is true and complete. I acknowledge that failure to give complete information can result in termination or denial of employment.

Signature - Student

Date

Print Name - Student

To be Completed by the Parent or Guardian (REQUIRED for all students under 18 years of age):

I, the parent or guardian of the student named above, agree to allow my son/daughter to participate in the New York City Department of Education CTE Internship Program. I understand that my son/daughter may receive training and work-based learning experiences outside of the school building. This consent is valid from the summer before the student enters 10th grade until the student graduates from high school. If applicable, a consent needs to be signed for summer and a separate consent needs to be signed for the school year.

Parent/Guardian Signature

Date

Once signed, scanned and emailed and/or faxed copies of this document are considered acceptable.

OPTIONAL - Consent to Photograph, Film, or Videotape a Student for Non-Profit Use (e.g. educational, public service, or health awareness purposes)

I hereby consent to the participation in interviews, the use of quotes, and taking of photographs, movies or videos of the student named above by the Work-Based Learning Resource Center (WBLRC). I grant to the WBLRC the right to edit, use, and re-use said products for non-profit purposes, including use in print, on the internet, and all other forms of media. I hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

SIGN HERE - OPTIONAL

Signature of Student

Date

SIGN HERE - OPTIONAL

Signature of Parent/Guardian (required if student is under 18 years old)

Date

DOE Confirmation

Only those students who attend NYC Department of Education schools are permitted to participate in this program. Students who have graduated or withdrawn from high school are not eligible.

Signature - WBL Coordinator/Authorized Representative

Print Name - WBL Coordinator/Authorized Representative

School/Program

Date