**\_\_\_\_\_\_\_\_\_ Independent School District UNDERSTANDING OF EXPECTATIONS**

**School Year:**  **Student:**  \_ **Coordinator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This document constitutes an agreement between \_\_\_\_\_\_\_\_\_\_\_ ISD and

(Mentor/Business Name)

This agreement establishes an internship relationship through which the company representative will act as a mentor to the student intern named above. The intent of this non-paid internship is to provide career exposure and training to high school **seniors**. Administrative support such as routine filing and copying of documents should not be expected of the student as their only task at the internship site unless these activities enhance the experience of the student. The tasks should be monitored

and approved by the mentor.

**Student** **internships:**

x **Veterinary Assisting** is for students who successfully completed Vet Med and are accruing hours towards a CVA.

Students will intern a minimum of 5 hours per week during the spring semester.

**Responsibilities** **as** **a** **mentor** **are** **the** **following:**

x Provide orientation about the company and safety information

x Provide an environment where the intern receives realistic experiences

x Provide background information, instructions and feedback of activities delegated to the intern

x Monitor activities delegated to the student to ensure these tasks are for exposure and information and not to be used for the profitability of the company

x Provide opportunities for the intern to attend professional meetings and/or other activities as deemed appropriate

x Treat the student intern as a “team” member

x Monitor and approve clerical duties if they are necessary for the intern experience. The student should receive a wide range of experiences with clerical duties delegated only to those tasks that enhance the interning experience

x Evaluate the student every six weeks, using the evaluation sheet and instructions electronically provided by the course instructor

x Approve and sign the intern’s daily sign-in sheet

x Visit with the instructor during regularly scheduled meetings

***Should the student leave the course at any time during the school year, the mentor agrees to not hire or retain the intern during the remainder of the current school year.***

***I have read the above and understand the expectations of a mentor. I also understand that the student is “volunteering”***

***to participate in a non-paid internship at my company.***

**Mentor (PRINTED NAME) Mentor Signature Date**

|  |  |  |
| --- | --- | --- |
| Company | | |
| Address: Street | | |
| City | State | Zip |
| Mentor’s title | Business Phone # | Fax |
| E-mail | | |

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