



Middle College High School
 2600 Mission Bell Drive
 San Pablo, CA 94806
 (510) 215-3881 FAX (510) 233-0121



MCHS INTERNSHIP CONTRACT

FALL: 20____ SPRING: 20____ SUMMER: 20____ GRADUATION YEAR: 20____

INTERN NAME: _____ PHONE: _____

SUPERVISOR: _____ PHONE: _____

DEPARTMENT: _____ LOCATION: _____

ADDRESS (if off-campus): _____

Address

City

Zip

POSITION:

JOB DESCRIPTION:

Thank you for participating in the MCHS Internship Program. Both parties understand that the Intern must complete 50 hours of service in order to complete the internship and receive a passing mark. Furthermore, these hours must be completed within one semester. If either the Supervisor or Intern foresees a deficiency in hours, s/he must inform the MCHS Internship Coordinator or Principal immediately. Completing 50 hours before the end of the semester, however, does not excuse the Intern from working pre-arranged hours *unless* the Supervisor informs MCHS that the Intern has fulfilled his/her obligations. *Hours may not be "carried over" from one semester to the next.*

The Intern agrees to arrive on time and to inform the Supervisor in advance of any tardy or absence. In the event of illness, the Intern will contact the Supervisor by phone ahead of time and will treat this position as one would a paying job. Intern agrees to meet all standards as set forth by the Supervisor, including dress code, behavior, and issues of confidentiality.

The Supervisor agrees to arrange meaningful, career-related tasks, guidance, and instruction. Though menial tasks may at times be a necessary part of the position, the Supervisor agrees to keep these to a minimum and balance them with a variety of responsibilities. The Intern will keep up-to-date records of all hours worked, which must be signed by the Supervisor and submitted to the MCHS Internship Program, along with a completed Evaluation Form at the end of the semester (available on the MCHS website at <http://www.wccusd.net/Domain/759> or from the Intern). All materials must be submitted to MCHS by the Friday before Finals Week.

SIGNATURES:

INTERN: _____ DATE: _____

(Intern: Please get two copies from your Supervisor. Keep one for yourself and turn in the other to the MCHS main office ASAP!)

SUPERVISOR: _____ DATE: _____

(Supervisor: Please make two copies for the student, and keep the original.)