CTE SUMMER INTERNSHIP PROGRAM
Applications Due: Thursday, May 15, 2014

PROGRAM DESCRIPTION
Learn the both the art of culinary as well as how to develop your own business! This summer experience includes a combination of in-class projects and off-site job shadows at various work sites in San Francisco. Students currently enrolled in related pathways/academies are strongly encouraged to participate! Enrollment is limited so early registration is advised.

ELIGIBILITY REQUIREMENTS
Students should:
• Be an SFUSD sophomore or junior
• Be able to commit for the entire summer session (June 9 – July 11)
• Not need to make up more than one academic class during summer school
• Special Note: Students do not need a social security number to participate in the “Culinary Entrepreneurship Summer Internship Program”

SUMMER INTERNSHIP PROGRAM ACCEPTANCE
▪ Students who are admitted into the summer internship program will be notified via email. In that email, students will receive information about their internship placement, orientation, and any additional documentation needed for hiring purposes.
▪ Students will need to provide valid identification and a signed consent and waiver form at the orientation on June 9, 2014.
▪ Students will earn a stipend of $200 for their participation in the Culinary Entrepreneurship Summer Internship Program.

REQUIRED DOCUMENTS CHECKLIST
❑ Student Internship Application
❑ JVS Intake Form
❑ Request for Taxpayer Identification Number and Certification (W-9)
❑ High School Transcript (get this from your counselor)

The Culinary Entrepreneurship Summer Internship Program is a collaboration between the San Francisco Unified School District Career Technical Education, John O’Connell High School and Jewish Vocational Services.
CTE ACADEMY STUDENT APPLICATION

PERSONAL INFORMATION
Please use your legal name when completing the student internship application and supporting documents.

Last Name ___________________________ First Name ___________________________ Middle Name ___________________________

Social Security Number ___________________________ Date of Birth ___________________________

Street Address ___________________________ City, State ___________________________ Zip code ___________________________

Home Phone ___________________________ Cell Phone ___________________________ Email ___________________________

High School ___________________________ CTE Academy ___________________________

CAREER INTERESTS
Please select the following career industries that you are interested in learning more about and/or participating in a work-based learning opportunity:

☐ Agriculture & Natural Sciences ☐ Engineering & Architecture ☐ Information Technologies
☐ Arts, Media & Entertainment ☐ Finance & Marketing ☐ Public Service/Law
☐ Building and Construction Trades ☐ Health Sciences ☐ Transportation
☐ Energy & Utilities ☐ Hospitality and Tourism

SUMMER AVAILABILITY
This section will help us determine whether you have the time in your schedule this summer to participate in the SFUSD CTE Summer Internship Program. Please provide honest and accurate answers, as we will expect you to keep the schedule that you provide here.

Extra-Curricular Activities
Please list ALL of your trips, college tours and vacations for the 2014 summer (June 9 – July 11) and list the time and dates when they may occur:
SFUSD Summer School
Which classes do you expect to enroll in this summer?

☐ Algebra II  ☐ Biology          ☐ English    ☐ Chemistry
☐ US History      ☐ Other: ________________  ☐ I do not need summer school

CCSF Dual Enrollment
Will you take CCSF classes this summer? If so, which class(es) will you enroll in:

Class Title #1: ______________________________  Class Title #2: ______________________________

CAREER GOALS & SKILLS
Please complete the following information in a thoughtful manner. This information will be shared with the Summer Internship Program Selection team and employers. Attach a sheet with your answers typed in 12 point font.

What have you learned from participating in your CTE Academy at school? How can an internship support your learning? (Please describe in 250 words)

Please list the skills that you believe make you a great candidate for the summer internship program (computer skills, power tools, foreign language, etc):
As a student intern, I hope to improve or build upon the following job skills:

- Communication
- Public speaking
- Team work
- Organizational
- Computer skills
- Customer Service
- Problem solving
- Phone skills
- Multi-tasking
- Taking direction
- Interpersonal skills
- Critical thinking

Other: ________________________________

Other: ________________________________

**Note to Student:** If you have a resume, please include it with your Student Application Packet. Your resume will be shared with the Summer Internship Program Selection Committee and the prospective employer.

**WORK AVAILABILITY**

Given your time commitments and other summer responsibilities, determine the times you could start and end work during the summer 2014 semester, which lasts from June 9 – July 11.

*Given the high demand of our internships, only interns that can work a minimum of 20 hours a week will be considered for our positions.*

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<th>Example:</th>
<th>What time can you START work?</th>
<th>What time can you END work? No later than 5pm.</th>
<th>Total hours you can work each day.</th>
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**HOW MANY HOURS ARE YOU AVAILABLE WEEKLY**

(Please add up the hours from each day)

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**Non Discrimination Policy:**

San Francisco Unified School District programs, activities, and practices shall be free from unlawful discrimination, harassment, intimidation, and bullying of any pupil based on the pupil's actual race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, or gender expression; the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics. This policy applies to all acts related to school activity or school attendance occurring within a school under the jurisdiction of the superintendent of the school district (Education Code 234.1).
STUDENT INTERN COMMITMENT FORM

You are applying to participate in the San Francisco Unified School District (SFUSD) Career Technical Education (CTE) Summer Internship Program for the 2014 summer semester. The summer internship dates depend on the summer internship experience that you will be admitted into: June 9 – July 11.

If you are accepted into the program, we expect you to fully participate in all program activities and to be personally responsible for your attendance, attitude, and performance at work and at other activities.

As a student intern in the 2014 Summer Internship Program, I agree to:

• Arrive at work on time, dressed appropriately.
• Ask questions if I do not understand how to do something.
• Complete assigned work tasks.
• Contribute to a positive atmosphere at the workplace.
• Comply with all internship and/or company policies and regulations.
• Discuss and set realistic goals with my supervisor and participate in periodic assessments.
• Notify the supervisor and Summer Internship Coordinator in advance if I will be late or absent for any reason.

Please sign below to indicate your acceptance of the following:

Student’s Name (Please Print): ___________________________ Date: ______________

Students Signature: ___________________________ Date: ______________

PARENT/GUARDIAN: (IF APPLICANT IS UNDER 18)

Your teenager is applying to participate in the Summer Internship Program, an internship program that will provide him or her with the chance to explore a career and learn job skills while being supported by the Summer Internship Program staff. If your teen is accepted to participate in the Summer Internship Program, we will ask that he or she follow all of the standards expected of a responsible worker.

Please sign below to indicate your acceptance of the following:

• Consent for the SFUSD CTE Office to employ your teen in a paid internship, with the understanding that any intern may be reassigned or terminated based on work performance, attendance, interest, or other factors.
• Consent to take pictures/video of your teen at worksites, trainings, and events for documentation of program activities. These pictures may be used in brochures, newsletters, blog, website and/or other program materials.
• Understand that by accepting a position with the SFUSD CTE Summer Internship Program, interns are committing to maintaining a regular work schedule and prioritizing attendance at work and workshops.
• If your student is admitted, we will need a Summer Internship Program Consent and Waiver Form in order to be accepted into the SFUSD CTE Summer Internship Program.

Parent/Guardian Name (Please Print): ___________________________ Date: ______________

Parent/Guardian’s Signature: ___________________________ Date: ______________
SUMMER INTERNSHIP PROGRAM CONSENT AND WAIVER FORM

I, Student and Parent/Guardian (hereinafter “parent”) of minor Student, for myself and on behalf of a minor Student for whom I sign acknowledge and agree as follow:

Participation is Voluntary. I acknowledge that the SFUSD CAREER TECHNICAL EDUCATION SUMMER INTERNSHIP PROGRAM activity is voluntary (hereinafter “Summer Internship Program”) and participation by the Student is not required.

Acknowledge of Risks. I acknowledge and understand that the Summer Internship Program is an opportunity for my child to work in a real world employment setting. As such, I understand that the District does not provide supervision of my child in their assigned workplace, nor does the District guarantee the general safety of the workplace or the background or character of the employees and/or clients therein. I also acknowledge that the District does not provide transportation for the Summer Internship Program and that I and my student will need to arrange for transportation to and from the Summer Internship Program.

Release and Discharge. I RELEASE AND DISCHARGE (agreeing to make no claim, and not to sue) the San Francisco Unified School District (its Board of Education, officials, employees, agents) (“Released Parties”) from all claims of injury or loss which I, or the minor Student for whom I sign, may suffer, arising in whole or in part from the Student’s enrollment or participation in the Summer Internship Program, including but not limited to an injury, accident, illness, or death or any loss or damage to personal property occurring during or by reason of the participation in the Summer Internship Program.

PARENT/GUARDIAN SIGNATURE

I request that my child be permitted to participate in the Summer Internship Program.

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgements above.

__________________________________________________________________________
Signature of Parent/Guardian (in individual capacity and on behalf of Participant)

__________________________________________________________________________
Parent/Guardian Name (Please Print)

__________________________________________________________________________
Signature of Student
CONSENT FORM FOR DISTRICT AND SUMMER INTERNSHIP PROGRAM HOST ORGANIZATION TO USE STUDENT PHOTOGRAPHS/IMAGES/SCHOOL WORK

Please sign this consent form and return it to your school if you are willing to permit the District, Jewish Vocational Services and Summer Internship Program Host Organization to use your child’s photograph/image/schoolwork in publications, materials or websites.

Background: During the school year, your child may be photographed or filmed by District staff, Jewish Vocational Services staff, and/or Summer Internship Program Host Organizations while participating in school programs and activities. We would like to have the opportunity to use these photographs/images for publication on the District/school/partner websites, Jewish Vocational Services website and promotional materials, and/or in related SFUSD/Summer Internship Program Host Organization publications and promotional materials, or to feature your child’s school-work in these publications.

Consent Form: I hereby consent to the San Francisco Unified School District, Jewish Vocational Services and Summer Internship Program Host Organization use of my child’s photograph, video image or schoolwork for the purpose of advertising or publicizing events, activities, facilities and programs of the District in District, Jewish Vocational Services and Summer Internship Program Host Organization publications, materials or websites.

In addition to using my child’s photograph/image/schoolwork, I give the District, Jewish Vocational Services, and Summer Internship Program Host Organization permission to: (check one)

____ Use my child’s first name in the publications, materials or websites.
____ Use my child’s first and last name in the publications, materials or websites.
____ I do not want my child’s first or last name in the publications, materials or websites.

I am the parent or legal guardian of the student named below, and hereby fully release and discharge the San Francisco Unified School District, Jewish Vocational Services, and the Summer Internship Program Host Organization and its officers, employees, and agents from any and all debts or liabilities arising out of or in connection with the above described uses of my child’s image/photographs/schoolwork.

__________________________________  ______________________________
Student’s Name                                School

__________________________________  ______________________________
Parent/Guardian Name                           Date

________________________________________________________
Parent/Guardian Printed Name

This consent may be revoked at any time in writing delivered to the school office.
EMERGENCY CONTACT INFORMATION FORM

Last Name ____________________________ First Name ____________________________ Middle Name ____________________________

Date of Birth ____________________________ Home Phone ____________________________ Cell Phone ____________________________

Street Address ____________________________ City, State ____________________________ Zip code ____________________________

List any specific medical concerns or conditions, including allergies and medications:

Can student be taken to the nearest medical facility? ☐ Yes ☐ No

If no, please specify the facility s/he should be taken to:

Name of Facility ____________________________ Phone Number ____________________________

Street Address ____________________________ City, State ____________________________ Zip code ____________________________

Does the student have health insurance? ☐ Yes ☐ No Name of Carrier: ____________________________

Policy Number: ____________________________ Primary Care Physician: ____________________________

EMERGENCY CONTACT INFORMATION

Emergency Contact Name ____________________________ Relationship ____________________________

Cell Phone ____________________________ Work Phone ____________________________ Home Phone ____________________________

Emergency Contact Name ____________________________ Relationship ____________________________

Cell Phone ____________________________ Work Phone ____________________________ Home Phone ____________________________
IN THE EVENT OF A WORKPLACE INJURY, THE FOLLOWING PROCEDURES WILL BE FOLLOWED:

If the injury is an emergency, the Summer Internship Program staff and/or worksite supervisor will call 911 or take the intern to the nearest emergency room, and inform medical personnel that the injury is work-related.

If the injury is not an emergency, the Summer Internship Program staff and/or worksite supervisor will take the intern to the St. Francis Occupational Center (either 1199 Bush St. or the Clinic at the SF Giants Ball Park); or the Summer Internship Program staff and/or worksite supervisor will take the student to the pre-designated doctor (see section above). Follow up care will be handled by the Kaiser clinic or pre-designated doctor.

***Should the need occur, I authorize Summer Internship Program staff and/or worksite supervisor and/or medical personnel to act in accordance with the above instructions and, where services needed are not addressed above, to exercise their best judgment in providing appropriate service.

Student Signature: ___________________________________________ Date: ____________

Parent/Guardian Name: ___________________________________________

Parent/Guardian Signature: ________________________________________ Date: ____________