

# **Boyertown Area High School Internship Program**



***Your Key to Success!***

## **Internship Contacts**

**Mrs. Natalie Warren**  
**Internship Mentor Coordinator**

**610-473-3674**  
**[nwarren@boyertownasd.org](mailto:nwarren@boyertownasd.org)**

**Mrs. Crystal McArthur**  
**School Counseling Dept. Liaison**

**610-473-3693**  
**[cmcarthur@boyertownasd.org](mailto:cmcarthur@boyertownasd.org)**

**Dr. Matthew Bergey**  
**Administrator liaison**

**610-473-3682**  
**[mbergey@boyertownasd.org](mailto:mbergey@boyertownasd.org)**

### **What is an internship?**

An internship is an exchange of services for experience between a student and a business. Students who fulfill an internship do so for different reasons. It may be to determine if they are interested in a particular career while obtaining experience and employability skills and then moving onto further education or a different job experience. Some interns may hope to find permanent, paid employment with the organization for which they intern. Although payment and future employment is not a guarantee, earning high school credit and a grade that counts toward your high school GPA is a component of our internship program.

### **PROGRAM EXPECTATIONS**

#### **Good attendance is extremely important:**

- More than 3 absences per quarter is excessive.
- Attendance at school and internship is not optional—it's mandatory in order to be part of this program. Mentors are under the agreement to NOT allow a student to attend if he/she did not attend school or left early from school (unexcused).
- If you become ill while at school, you must be nurse-released. Otherwise, you are expected to attend your internship.
- If there is inclement weather, please use your (or your parent's) discretion as to whether or not you will attend your internship.
- If school is running on a 2-hour delay schedule, you may attend internship during your normally scheduled time OR you may attend based on the 2-hour delay bell schedule OR you may report to the high school office (instead of attending your internship) and the office will instruct you where to report. Please communicate with the Internship Coordinator.

#### **What happens if I cannot attend my internship due to illness, college visit, dr. appt., etc.?**

- If you are sick, you must notify the internship coordinator and mentor by 8:00 am (voice mail or email). [nwarren@boyertownasd.org](mailto:nwarren@boyertownasd.org) or 610-473-3674
- Notify your mentor according to company policy.
- Parents report your absence to the high school office.

#### **Signing Out**

- You must sign out in the high school attendance office daily (clearly type your name and "internship" as reason for leaving).
- If you are signing out but not attending internship (for example you are going to the dr.), please indicate the other reason for leaving after your signature/name.

#### **Transportation**

- Students must have a driver's license and vehicle registration by the first day of each semester.
- Students must obtain a parking permit from the high school office.
- Students must have their own transportation—you may not rely on friends or parents for transportation.

- Students who lose their driving privileges may not be able to continue in the program and will be assigned to another class.
- If the internship site is within walking distance, the student may walk to their site.

### **Dress Code**

- You are expected to dress appropriately for work each day. Ask your mentor for the uniform or dress code requirements.
- Any specially required clothing (scrubs, uniforms) will be obtained at the student's expense.

### **Internship Sites**

- It is the student's responsibility to obtain an appropriate internship in a career field of their choice.
- All placements must be approved by the Boyertown Area Senior High School.
- If a student is struggling to secure an internship, they should make an appointment to meet with Mrs. Warren. She has established and developed relationships within the community and may be able to help make introductions.
- Students may be required to interview for an internship based on the placement. It is the student's responsibility to set up the interview and to follow up. This should be done in a timely manner.
- Students are not permitted to quit or terminate their internship without prior approval from the Internship Coordinators.
- Students are expected to abide by all rules and regulations set by the mentor for their internship site. Any violations of these rules or regulations might result in disciplinary actions and the termination of the student's internship.

### **Internship Hours**

- Students will report to their internship sites during their scheduled periods.
- Students must leave school immediately—this is not a time to take care of other business or make up work from other classes.
- You may not leave internship sites early to return to school to pick up siblings or friends.
- Leaving to get back to school on time for sports is acceptable.
- Internships are semester placements and may be extended.

### **Grading**

- 70% Mentor Evaluation  
A grading card will be given to your mentor at the end of the quarter.
- 30% To be determined by the coordinator.
  - This will include weekly blog posts, goals sheets, end of quarter reflection, and coordinator observations.
- It is an expectation that students within the internship program are also successful with their regular academics. If students are not passing BASH courses, remediation may be necessary.

### **Credit**

Students will be given credit based on the number of periods per year they are interning. Driving time is not calculated into the time.

1.0 Credit (2 periods)

1.5 Credits (3 periods)

2.0 Credits (4 periods)

# BOYERTOWN AREA SENIOR HIGH SCHOOL

## INTERNSHIP GUIDELINES

### STUDENT CONTRACT

I agree to adhere to the following responsibilities:

- I must be punctual at work and school and must attend daily. I understand that excessive absenteeism is 3 days a marking period.
- When ill and forced to be absent, I should contact my mentor as soon as possible (following company policy for reporting off). I should also notify the Internship Coordinator at the high school.
- I fully understand that if I am absent from school in the morning, I may not report to work in the afternoon.
- I fully understand the consequences if I cut internship or school, fail to call my mentor in the event of an absence, don't sign in/out every day. These violations will result in a discipline referral with the high school office.
- I must report internship schedule changes to the Internship Coordinator immediately and I must discuss controversial employment issues with the Internship Coordinator who, in turn, will discuss them with my mentor (if appropriate).
- I understand that I must sign out daily and leave the school grounds immediately upon my dismissal.
- I must carry out my training on the job in such a manner that I will reflect credit upon myself, the Internship Program, and Boyertown Area School District.
- I understand that I must provide transportation to and from my training station, have a driver's license and obtain a parking permit.
- I fully understand that I am responsible for any immunizations, clearances, uniforms or appropriate attire, or materials that must be obtained for my internship.
- I understand that the internship is an elective program and that my grades in required courses must be passing.
- I fully understand that I am responsible for completing work assigned by the coordinator in addition to working with the mentor.

Student's Signature

Date

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Parent's Signature

Date

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# INTERNSHIP PROGRAM

## BOYERTOWN AREA SENIOR HIGH SCHOOL

### PARENT/GUARDIAN PERMISSION FORM

**Program:** We, the parents/guardians of \_\_\_\_\_, hereby give our permission for the placement of our student in a work-training program supervised and coordinated by the school. We understand that they will be at this assignment during hours specified by the school's internship coordinator.

We further understand that our student will receive practical experience from this program with or without compensation, for this training and we absolve and release all persons, corporations, and the school district from any and all obligations or liabilities which may arise as the result of our student's placement in the program.

We hereby agree that our student is permitted to work at the training station agreed to. We further understand and agree that if and when our student does not meet the requirements of the job agreed to and the requirements of the school, the coordinator has the right to remove them from the internship site.

We further agree to communicate with the coordinator regarding any problems which may arise before we contact the employer/mentor, except in the case of an emergency.

**Transportation: We further agree that our student will have their own transportation to the internship site and have auto insurance coverage.**

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Name of Auto Insurance Company

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Name of Policy Holder

**Publicity:** In order to assist publicizing work-experience opportunities afforded by the school, we give permission to the school to use pictures of the above student, showing them engaged in on-the-job activities in the form of printed material, slides, or videos, press releases, or publicity displays.

**Insurance: All work-experience students must be covered by either school insurance, or the insurance coverage listed below:**

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Company where guardian is employed

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Insurance Company

**Information Release:** We also grant permission to provide on any request from potential employer's information about school performance, conduct, attendance, health, and other information pertinent to employment.

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Signature of Parent/Guardian

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Date

# INTERNSHIP STUDENTS

## Scheduling Information Sheet

This document will be used to help your school counselor schedule your internship during the time of day that will work best with your other classes.

**Student's Name:** \_\_\_\_\_

**Guidance Counselor:** \_\_\_\_\_ **Grade for next year:** \_\_\_\_\_ (2025-2026)

- |  |                   |                    |
|--|-------------------|--------------------|
| <input type="checkbox"/> Mrs. McArthur   | Class of 2025 A-L | Class of 2028 P-SC |
| <input type="checkbox"/> Mrs. Mazzie     | Class of 2025 M-Z | Class of 2028 Sd-Z |
| <input type="checkbox"/> Ms. Gallagher   | Class of 2026 M-Z | Class of 2028 Kp-O |
| <input type="checkbox"/> Mrs. Durante    | Class of 2026 A-L | Class of 2028 G-Ko |
| <input type="checkbox"/> Ms. Greener     | Class of 2027 M-Z | Class of 2028 Cf-F |
| <input type="checkbox"/> Mrs. Oxenreider | Class of 2027 A-L | Class of 2028 A-Ce |

Will you have your driver's license by the first day of school? \_\_\_\_\_ (yes or no)

Will you have your driver's license by the first day of the Second Semester? \_\_\_\_\_ (yes or no)

If you do not have your license, what date is your driving test? \_\_\_\_\_

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**Please check all that apply:**

- ☐ Semester 1
- ☐ Semester 2
- ☐ Other, please explain \_\_\_\_\_

**Other information that will help your counselor with scheduling:** (Think about the time you are interning and whether the site you choose is open at that time. For example: Elementary interns cannot begin their internships period 1 as the elementary schools are not open at that time.)

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# Boyertown Area Senior High

## INTERNSHIP INFORMATION

Please print legible.

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ (2025-2026 School Year)

### ***Times for Internship:***

Please indicate the times you will be leaving BASH, total time it will take to arrive at your internship, and the time you will be at "work" for your internship.

Release time \_\_\_\_\_ Travel time \_\_\_\_\_ Internship work time \_\_\_\_\_

**Internship Site:**      **Name of Internship Site:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Mentor Name:** \_\_\_\_\_

**Mentor Title:** \_\_\_\_\_

**Mentor Phone Number:** \_\_\_\_\_

**Mentor E-Mail:** \_\_\_\_\_

**Internship Mentor Coordinator:**    **Natalie Warren**



Student  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I give my student permission to participate at the above listed Internship site.

Parent/Guardian  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I agree to work with the above student in the Internship program at BASH. I understand that I must evaluate them periodically, maintain and report attendance, and that the Internship Coordinator will visit us on a regular basis.

Signature of  
**Mentor** \_\_\_\_\_ **Date** \_\_\_\_\_

Signature of  
**Internship Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_

**Boyertown Area Senior High School**

**INTERNSHIP APPLICATION FOR ADMISSION**

Student's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Student's Cell Number \_\_\_\_\_ Birthdate \_\_\_\_\_ (Please include year.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student E-Mail \_\_\_\_\_

Grade \_\_\_\_\_ (2025/2026 school year) Driver License # \_\_\_\_\_ or license test date \_\_\_\_\_

(You must have your license by the first day of the semester you work.)

What is your career objective and how does it relate to your internship?

\_\_\_\_\_

Do you have an internship site? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please share the following details- company name, contact person, phone #.

\_\_\_\_\_

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Parent/Guardian

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Company Name \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail (Home or Work) \_\_\_\_\_

May I contact you at work? \_\_\_\_ Yes \_\_\_\_ No

**Parent/Guardian Signature:**

\_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Guardian

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Company Name \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail (Home or Work) \_\_\_\_\_

May I contact you at work? \_\_\_\_ Yes \_\_\_\_ No

**Parent/Guardian Signature:**

\_\_\_\_\_ **Date** \_\_\_\_\_