Internship Application Packet

This application is for TFCA internal purposes only. Students may be required to complete a separate application and interview to obtain an internship with a particular business. These forms must be completed and returned to the office before the given due date. Students will be notified by email if their internship has been approved.

Name:		
Grade for this school year:	Email address that I check regularly:	
Name of Business for which you	would like to intern:	
Address of Business for which yo	u would like to intern:	
Dates of internship:		
Hours of internship:		
Expected duties at internship:		
Name of supervisor at the busine	ess:	
Email address for supervisor:		
Telephone number for superviso	r:	
which I am applying is a Pass/Fai be earned). If my application is a	n is for an internship in theschool year onl I class that provides ½ credit per semester (no more than 1 ir pproved, I will be required to complete at least 40 hours of wording, my supervisor will also complete a quarterly evaluation of	nternship credit per year can vork at this internship each
Signature of student	Date	e
Signature of Counselor	Date	9

Parent Authorization

I understand that my student has applied to enroll in the internship class at The Frankfort Christian Academy. I am aware of the company for which my child plans to intern and I give my permission for my student to participate in this internship. I have read the requirements that must be completed for my student to receive credit for this class and I understand that consequences of my student failing to complete all of those requirements will be an F in the class.

I give my student permission to leave school at th	ne appointed time and travel to the internship.
My student may drive him or herse	If to and from the internship.
I or another adult that I authorize v	will transport my student to and from the internship.
Name of adult who will be transporting m	ny student:
Cell phone number of the adult who will	be transporting my student:
Signature of parent	Date
Name of parent	
Internship Supervis	or Authorization
internsing supervis	or Authorization
agree that	a high school student at The Frankfort Christian
Academy, will work as an intern for my company o	, a high school student at The Frankfort Christian during theschool year. I understand that this student
	rter (160 hours total for the year) and I agree to verify those hours and
	of each quarter. I also understand that the student will not be
expected to work on days that school is not in ses	ssion, which will include holidays, school breaks, and snow days.
Signature of supervisor	Date
Name of supervisor	Name of company
Address of business	Phone number of supervisor
idances of business	. Horie Hamber of Supervisor
FOR OFFICE USE ONLY: Date Received:	Action Taken:
Other notes:	
Approved by:	

Student Name:	
Academic Semester:	

Internship Log of Hours Worked

Submit ONE log PER semester. 40 hours/quarter or 80 hours/semester should be logged to earn credit.

Date	Number of hours	Date	Number of hours
	worked		worked

Student Intern Supervisor Evaluation

Supervisors: Please sign and complete this evaluation each semester. The form can be submitted via email to rebecca.scheidt@mytfca.org or hand-delivered by the student-intern in a sealed envelope.

Supervisor Name	Date Completed	
Phone Number	Email	
Student Name	Academic Quarter	
Rate your intern in the following categories. Use the commer information regarding the student's performance.	nt space below if you would like to include any further	
Category	Rating (1- highest/best 2- moderate 3- lowest/worst)	
 ATTENDANCE Was your intern there daily unless otherwise excused? Did he/she inform you in advance of conflicts in his/her schedule? 	1 2 3	
 Was your intern on task while in your place of business? Was his/her interaction with your clients/employees appropriate? Did you find that his/her presence in your business helpful? 	1 2 3	
 PRODUCTION Did your intern successfully complete his/her projects? Were the projects completed by your intern completed satisfactorily? Did intern meet your expectations overall? Did he/she accept suggestions and advice? 	1 2 3	
OVERALL JOB PERFORMANCE	1 2 3	
Additional Comments/Information		

Internship Personal Reflection

Please answer the following questions in paragraph form. Please type your answers and submit them to your counselor no later than the given due date. **ONE personal reflection is due at the end of each intern semester.**

1.	Briefly explain the business for which you interned?
2.	Describe tasks that you completed as part of this internship?
3.	Describe aspects of the business you were able to observe as part of your internship, even if you did not actually participate in them?
4.	What new information did you learn about the business during your internship?
5.	What new skills did you acquire, or start to acquire, during your internship?
6.	What was your overall impression of this experience? Was it helpful? In what ways?

7.	Would you recommend this internship to others? Why or why not?
8.	If you could change something about your internship experience, what would it be?
9.	Has this internship experience impacted your interest in a specific career or course of study in the future?
10.	What else would you like to share about your internship experience?