



## **MVUSD STUDENT INTERNSHIP PROGRAM**

### **INFORMATION & APPLICATION PACKET**

Dear Students and Parents:

The Murrieta Valley Unified School District is pleased to offer a Student Internship Program for MVUSD high school students. The MVUSD Student Internship Program will provide students opportunities to work in an area business to learn career-related skills. Students will be under the guidance of professionals in the field to gain real-world experience. Students will be provided training and opportunities to enhance their knowledge base and skill set.

Included in this packet are the following documents that will provide further information regarding the internship program, goals, responsibilities and expectations;

- Frequently Asked Questions
- Student Internship Program General Rules and Policies
- Student Internship Application
- Business Internship Agreement
- Interview Preparation and Questions
- Teacher Recommendation Forms (Minimum of Two Recommendations)

Directions:

- Please read all of the enclosed materials provided.
- Complete and sign all documents.
- Submit a letter of interest and a resume with your application.
- Return your completed application packet to the school site principal or district internship coordinator.

The Murrieta Valley Unified School District and our area business partners are excited to provide these unique educational experiences for our students as they explore and intern in careers of interest.

Sincerely,

Mary Walters  
Director, Student Support Services  
MVUSD Internship Coordinator



# **MVUSD STUDENT INTERNSHIP PROGRAM**

## INTERNSHIP APPLICATION

### General Information

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>School</b>	<b>Grade</b>
<b>Address</b>			<b>Email address</b>	
<b>City</b>	<b>Zip</b>	<b>State</b>	<b>Home Phone</b>	<b>Cell Phone</b>

### Pathway/Career Interest Area Information

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

<b>Pathway/ Career Interest Area</b>	<b>Pathway and/or Related Courses Completed</b>
<b>Other Related Experience (volunteer and club activities)</b>	<b>Other Related Skills</b>

### Staff References – Two Minimum (Attach Recommendation Forms)

<b>Reference Name</b>	<b>How are you acquainted and for how long?</b>
<b>Reference Name</b>	<b>How are you acquainted and for how long?</b>

### Staff and Business Use Only

<b>Date Reviewed:</b>	<b>District/Business Representative Name:</b>
<b>Approved for Interview: Yes _____ No _____</b>	<b>Signature:</b>



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**INTERNSHIP APPLICATION  
SIGNATURE PAGE**

**My son/daughter has discussed the Student Internship Program with me and I am aware of its requirements and responsibilities. I understand that all student internships are non-paid positions. My signature below indicates my understanding and agreement to the terms, goals, expectations and responsibilities of the internship.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Authorization**

Should it become necessary for my child to receive medical attention or treatment while participating in Student Internship Program, I hereby give permission to school district personnel or the business to use their best judgment in providing medical attention for my child.

Medical Insurance Carrier: \_\_\_\_\_

Subscriber's ID #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Photography/Video/News Media Release**

I hereby grant to Murrieta Valley Unified School District and the Business of Internship the right to take still and/or motion pictures of my child, record his/her voice and obtain other information about him/her, including but not limited to name, likeness, photograph, voice, dialogue, biographical information and other personally identifying information and to use the same in connection with the development, production and distribution of promotional materials including but not limited to content for websites, news releases, articles, video productions or social media sites.

I hereby release Murrieta Valley Unified School District and the Student Internship Program from any liability, claims, demands, or damages arising from, or connected in any way with the use of my child's name, voice or photographic image.

I hereby agree that neither I nor my child is entitled to receive any monetary compensation for his/her participation in the internship program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **MVUSD STUDENT INTERNSHIP PROGRAM**

### **INTERNSHIP APPLICATION TEACHER RECOMMENDATION FORM (continued)**

**TO THE STUDENT:** Please print your name below.

Name of Student: \_\_\_\_\_

**TO THE RECOMMENDING TEACHER:** Please print your information below.

Teacher: \_\_\_\_\_ Subject: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The student internship program offers students the unique opportunity to explore a career of interest, and work in an area business to learn career-related skills. Students will be under the guidance of professionals in the field to gain real-world experience and will be provided training and opportunities to enhance their knowledge base and skill set. Internship opportunities will vary from job shadowing to actual completion of projects, depending on the field and length of the internship.

The teacher is not expected to have direct contact with the employer. However, we invite you to get as involved in the internship as your time allows.

Please complete this form and return to the student applicant to be included as part of their application packet. You may include a letter of recommendation if you have any additional comments.

Attributes	Poor	Average	Above Average	Superior
Ability to Work Independently				
Problem Solving Skills				
Interpersonal Skills				
Respectful				
Academic Ability				
Leadership Skills				
Punctual				
Task Completion				
Shows Responsibility				
Shows Initiative				
Works Well with Others				
Accepts Constructive Criticism				



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### **INTERNSHIP APPLICATION TEACHER RECOMMENDATION FORM (continued)**

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

How long have you known this student? \_\_\_\_\_

How well do you know the applicant? Very well \_\_\_\_\_ Somewhat \_\_\_\_\_ Slightly \_\_\_\_\_

What do you consider to be this student's strongest qualities or talents?

Does the student possess any unique skills that would be beneficial in the internship environment?

Additional Comments:

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the student applicant.

***Thank you for your help in connecting this student with an internship opportunity ~***