

# Ames Community Schools Mentorship/Internship Application

Please Print Clearly

Application Date \_\_\_\_\_ Scheduling Preference  Fall  Spring  Either of what year \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

For the left column, reflect upon and determine your *career* choice(s). Not a business name, but a vocation you wish to explore. For the right, list locations of interest. Be as specific as possible.

Career Choices	Possible Mentorship or Internship Location(s)
1.	1.
2.	2.
3.	3.
<i>Have you already investigated or secured placement? Please share name and contact information.</i>	

Yes, I am interested in working with ELP to compose a cover letter and resume to send.

Please indicate the days of the week and specific times available.	
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<i>Please share any additional information needed for planning your program. (i.e. after cross country)</i>	

Please initial that you understand the below expectations (or have discussed and/or gained approval for alternate arrangements with an ELP teacher).

\_\_\_\_\_ Transportation to and from the work place will be the student's responsibility.

\_\_\_\_\_ Documentation of time, signed by mentor(s), will be maintained using the ELP Department Task Talk form and turned in on a bi-weekly basis.

\_\_\_\_\_ Credit will be awarded upon completion of contracted time.

## Parent Permission

I release the Ames Community Schools ELP Department and the participating business / university from any and all liability resulting from an accident or injury which may occur during the mentorship/internship experience. I acknowledge that the expense of any accident or injury is my responsibility.

I also understand that if I do not want my child to participate in the ELP Department's Mentorship / Internship Program due to weather conditions, or other specific reasons, I need to inform the AHS ELP office by phoning (817-0634) or emailing the ELP facilitator.

\_\_\_\_\_  
Parent/Guardian Signature Phone Date

\_\_\_\_\_  
Mentor/Intern Signature Phone Date

*The back of this form will be completed with the ELP facilitator.*

In reviewing available time, the amount of credit contracted for shall be:

1 Credit       ½ Credit       Other \_\_\_\_\_

Facilitation Record

Conference Date	Task Talk Submitted	Conference Notes

Future Goals as a result of this Mentorship/Internship:

Date Completed \_\_\_\_\_ Total Hours \_\_\_\_\_ Awarded Credit \_\_\_\_\_