

Date submitted to teacher:

VITAL LINK
FORT WORTH ISD
Student Internship Application 2018

Application Due: Friday, March 9, 2018
(Incomplete applications will not be accepted)

Vital Link places students, accompanied by teachers, in unpaid internships with community businesses to allow them to experience for themselves how achievement in school is linked to success in the workplace. Students are placed with a business by the VITAL LINK office and **may not choose** where they intern.

Each participating student will:

- ❖ Work with professionals on the job.
- ❖ Experience hands-on activities in the workplace.
- ❖ Make a connection between what is learned in school and what is required in the workplace.

For more information, please contact the Department of Community and Strategic Partnerships at 817.814.2971.

(Please type or print CLEARLY using black or blue ink only)

Student Name _____

Current School _____ Gender: ___ Male ___ Female

Below are the Vital Link dates. Please indicate your **first** and **second** choice by marking the dates #1 or #2. Please understand that we will try to put you in the week you have requested, **but we cannot guarantee you will receive your first choice.**

_____ June 11 – 15 _____ June 18 – 22

Buses will pick up and return to your **home** middle school or a middle school close to your home middle school. My **home** middle school is

For Parents and Guardians:

If your child is in need of assistance, special accommodations (i.e. interpreter for hearing impaired, wheelchair bound, ESL) or if taking any medication, please describe: _____

If you choose to transport your child, we ask that you remain with the student until the teacher supervisor arrives.

_____ I prefer to provide transportation for my child to and from the business.

FWISD Student Essay

What do you want people to know about you? (favorite subjects, hobbies, career interests, what you want to be when you grow up). **Your answers will help the company where you are placed, to have a better idea of who you are as a student.**

Parent Permission, Release and Indemnity for Internships.

NOTE TO PARENTS AND GUARDIANS: Students will be placed at businesses on a first-come, first-serve basis depending on availability. VITAL LINK is intended to provide all participating students with an enriching opportunity to connect academic skills with those skills necessary for workplace success, regardless of the type of business to which they are assigned. Please PRINT or TYPE child and custodian/parent names in release form.

I hereby certify that my son/daughter _____ has my permission to participate in the FWISD VITAL LINK Internship program. To the best of my knowledge he/she is physically fit and able to engage in such activity and is not suffering from any disease or injury.

I, (print name) _____ agree and do hereby waive and release all claims against the Fort Worth Independent School District and any teacher, employee, or other person engaged in the activity in question and agrees to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that may be suffered or any loss of property that may occur to my son/daughter. I understand that the Fort Worth Independent School District's *Student Code of Conduct* is to be followed during the Vital Link internship.

It is understood that no child will be allowed to participate in this activity until this form is signed by his/her parent or guardian.

Signed at Fort Worth, Texas this _____ day of _____, 2018.

Signature of Parent or Guardian

Address _____ City _____ Zip _____

Email _____ Work Phone _____ Cell _____

(Please PRINT clearly)

Person to contact if parents cannot be reached:

Phone Number: (Please PRINT clearly)

Parent Permission for Photo Release

My son/daughter _____ has my permission to be photographed or recorded by FWISD staff and/or news media (television, newspapers, radio, magazines) in conjunction with the FWISD VITAL LINK Program for any lawful purpose without any further notice to me. I _____ understand FWISD pictures may be reproduced, copyrighted, broadcast, telecast or cablecast, published or used in district materials, including the district Website, for distribution to school employees and the public. I also agree:

- ❖ to hold harmless the FWISD and its representatives from any claims or causes of action directly or indirectly related to the photographing, videotaping or audio taping of my child for any lawful purpose; and
- ❖ to waive all monetary or other claims that might arise as a result of any lawful use of these materials.

I certify that I am the parent or legal guardian of the above-mentioned individual and am authorized to give permission and consent.

Signature of Parent or Guardian

Date

_____ I **do not** wish my child to be photographed, videotaped, or audio taped.

Signature of Parent or Guardian

Date

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Return application to your child's homeroom teacher or designated Vital Link Coordinator on campus.

Applications will be accepted and students placed in companies on a first come, first serve basis depending on availability.

Upon receipt of your application, you will receive further information regarding VITAL LINK by mail.