

## Pope HS Work-Based Learning Application (INTERNSHIP)

|                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (Please print)<br>Student Name: _____                                                                                                                    |  |
| Student ID Number _____                                                                                                                                  |  |
| Semesters: You are Applying for Both Fall and Spring                                                                                                     |  |
| Are you applying for SINGLE or DOUBLE Internship? – _____<br>Single = one class (5 hours/week required)<br>Double = two classes (10 hours/week required) |  |

By submitting this completed application form to Coach Abney, you are giving approval for this course to be identified as one of your primary elective choices (number 1 or number 2) for elective registration. Please understand every effort is made to schedule students into their requested courses; however, selection for this specific elective course does not guarantee placement.

Students approved for Internship (7<sup>th</sup> period) will NOT BE GUARANTEED 6<sup>th</sup> period lunch. Requests for students to receive 6<sup>th</sup> period lunch *will not be honored*. Other courses have to work around the Internship period. Parking is not guaranteed for students approved for Internship.

**IMPORTANT:** If you have employment or afternoon commitments, please be reminded Pope High School follows 3 different bell schedules each week. *Because Internship applicants are not guaranteed 6<sup>th</sup> period lunch, do not make commitments to be at work or another activity at a specific time if it conflicts with the bell schedule.*

Work-Based Learning (Structured Work Experience) is a planned program of work experiences coordinated through your high school's Work-Based Learning Coordinator. All applications must be completed in their entirety before consideration approval. An incomplete application will be discarded.

Your WBL experience may be a paid or non-paid experience. Ideally your work experience will be related to your future career objective. You can be dismissed from school to work in a career related job and earn school credit for your work. You will be required to complete a career portfolio that includes journal entries, submit work/wage information, and regularly submit evaluation from the employer on agreed upon competencies in the Training Agreement. You may be in WBL for both your Junior and Senior year.

**Work-Based Learning Application Process/ Checklist for Applicant**

Admission

Requirements ☐ Be 16 years old or older.

- ☐ Students must have a valid Social Security number and be willing to complete a work permit form.
- ☐ Should be a junior or senior in good standing and on track for graduation.
- ☐ Have acceptable attendance and discipline history.
- ☐ Student *must provide transportation* to and from work.
- ☐ Student must be able to work the required hours depending on the number of periods from school.
- ☐ Be willing to submit to all health related screenings/drug test required by the sponsoring employer.
- ☐ Have two *acceptable recommendations*. Simply list two Pope teachers names who would vouch for you.
- ☐ Have proof of automobile and health insurance.
- ☐ Return application to Coach Abney in Room 412 by March 6<sup>th</sup> or scan and email to him @ [Patrick.Abney@cobbk12.org](mailto:Patrick.Abney@cobbk12.org)

## Work-Based Learning Application

### A. Student Information (Please print in Blue or Black ink)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Graduation year: \_\_\_\_\_ ID # \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Student Cell # \_\_\_\_\_ Student Email \_\_\_\_\_

1)Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_

2)Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

Attendance Record: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_

Discipline Record: ISS \_\_\_\_\_ Other suspension \_\_\_\_\_ **\*\*MORE ON BACK**

Explain Your Record \_\_\_\_\_

List two staff members at this school if would speak highly of you as a reference:

|             |        |
|-------------|--------|
| Print Name: | Title: |
| Print Name: | Title: |

**B. Employment History/Interest History** (Please report your current or most recent job.)

Business Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Your Position \_\_\_\_\_ Describe your job \_\_\_\_\_

Address and phone number \_\_\_\_\_

Dates Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, what are you doing to correct this?

Do you want to use this job as your work-based learning placement? Yes \_\_\_\_\_ No \_\_\_\_\_

**C. Student/Parent Agreement**

I/we understand that the program expectations are:

- ☐ Maintain a minimum grade point average of 2.5 and make acceptable progress toward graduation.
- ☐ Provide transportation to and from school and work or between home and work.
- ☐ Abide by attendance policies set by the school and work site.
- ☐ Submit appropriate forms, projects, and reports to the school coordinator as requested.
- ☐ Understand that my program grade will be based upon my submitting appropriate materials on time, meeting with the school facilitator, and my performance on the job, as rated by the employer.
- ☐ Accept emergency treatment for work-related injuries if necessary.
- ☐ Be responsible for the student's conduct/safety during travel time between school and work.
- ☐ Understand that a student may be dismissed from the program and may lose graduation credits through his or her (1) failure to maintain academic standards, (2) violation of school policies for on and off-campus behavior, (3) prolonged problems with tardiness or absenteeism at school and on the job, (4) loss of employment because of negligence, absenteeism, unethical behavior, or failure to follow safety procedures (5) legal problems more serious than minor traffic violations.
- ☐ Lunch and Class Periods will not be adjusted based on student approval for internship.
- ☐ Ideally, the student's job/internship should relate to plans for a future career or path of study in college

I/we certify that the facts contained in this application are true to the best of my/our knowledge and understand that false statements may be grounds for dismissal from the Work-Based Learning Program. I/we authorize the investigation of all statements and references contained herein and all information concerning previous employers. I/we release all parties from liability for any damages that may result from furnishing such information to the school or school system. I/we also understand that final acceptance into the program is contingent upon finding an employer.

**Parent/guardian signature**

**Date**

**Student signature**

**Date**

\*\*\*\*\*Return application to Coach Abney in Room 412 by March 6<sup>th</sup> or scan and email to him @ [Patrick.Abney@cobbk12.org](mailto:Patrick.Abney@cobbk12.org)

**\*\*\*2026-2027 Application Required Elective Courses - Internship\*\*\***