

Program Overview

The High School Service Internship Program provides students with an opportunity to explore a healthcare organization and the many departments that come together to impact the patient experience, both clinical and non-clinical. The internship experience uniquely prepares students by exposing them to working professionals and to the work environment in a way that cannot be duplicated in the classroom. Through a combination of observation and service tasks, students gain a better appreciation for the pressures that affect decision-making in today's professional organizations and can identify additional skills they will need to better prepare them for a rewarding career.

This Agreement is between St. Elizabeth Healthcare and the "Student" who is participating in the service internship program, either in-person or remotely. The purpose of this Agreement is to clearly identify responsibilities and expectations of both parties as they relate to the internship experience. Both parties acknowledge, agree to, and understand the following:

Intern Role and Responsibilities

During the preparation for the internship and throughout the experience itself, students become involved in a self-assessment process in which they define and redefine goals and objectives, make informed choices, and evaluate their own personal and professional growth and development.

During the internship, the student is expected to meet all the requirements and responsibilities established by their mentor and to work to the best of their abilities. Interns are expected to be timely, dress appropriately, and act professionally and dependably.

The internship is intended to provide the student with an opportunity to develop their own professional role through observation of others and by experiencing role-related tasks.

The student understands and agrees that as an intern, the student is not an employee of the Organization and is not entitled to financial compensation, employee benefits, workers' compensation, or unemployment compensation. They will, however, be expected to abide by laws and regulations relating to St. Elizabeth Healthcare as a healthcare institution.

The student further agrees to:

- Follow all rules, procedures, and personnel policies of the Organization and be particularly mindful of those related to confidentiality.
- Ensure confidentiality, no patient or employee names will be used in the reports, unless the student has been given written permission to do so. It is also understood that the student will not copy or use any confidential business information.
- Report to the assigned internship site promptly and, in the event of an illness or emergency, notify the hosting department supervisor at the Organization, giving as much advance notice as is reasonably possible.
- Provide the contact information for person(s) to be contacted by their High School or the Organization in the event of an emergency involving the student.

- Commit to a minimum of 1.5 hours per day or no less than 7.5 hours per week, for the duration of the student’s senior year in high school.
- Accept no compensation for this internship.
- Receiving documentation of internship hours only from the Volunteer Services office.

High School Role

The high school agrees to:

- Grant academic course credit for successful completion of the internship.
- Obtain record of the intern’s weekly hours from Volunteer Services. These records will be sent via e-mail to the Internship Coordinator at each school. Sign-in and sign-out times will be included on this report, along with any absences. I also understand that Volunteer Services staff will not sign any other forms of documentation for internship hours.
- Evaluate the student’s performance at St. Elizabeth at the minimum of once per semester using a written evaluation form requiring the signature of a Volunteer Coordinator or by performing an on-site visit to St. Elizabeth which will be scheduled through the Volunteer Services office.
- In the case that an intern fails to comply with the Service Internship policies, assist Volunteer Services with necessary disciplinary action including coaching, written violations, or termination from the Internship program. If disciplinary action is necessary, I can expect to be informed of the need and method of action to be taken by the Volunteer Services office prior to their meeting with the intern.

Please sign and date below to acknowledge that you have read and agree to the above Service Internship guidelines.

STUDENT:

_____	_____	_____
Signature	Date	Printed Name

PARENT / GUARDIAN:

_____	_____	_____
Signature	Date	Printed Name

HIGH SCHOOL:

_____	_____	_____
Signature	Date	Printed Name