

Submit to Mr. O'Neill in room 109B after you have secured an internship.

### AOIT SITE INFORMATION FORM

Date \_\_\_\_\_

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

ID# \_\_\_\_\_

Counselor \_\_\_\_\_ Lunch period \_\_\_\_\_

Title of Work Position (if any) \_\_\_\_\_

Brief description of student's responsibilities at the job site \_\_\_\_\_

\_\_\_\_\_

How will you get to the work site? \_\_\_\_\_

Any possible changes in work schedule, location, or supervisor must be cleared in advanced with Ms. Petr, Career & Technology Resource Teacher. Students must sign-out each day following school procedures.

\_\_\_\_\_  
**(Student Signature)**

To parent/guardian: Please sign to acknowledge you know the location and schedule of student's work site.

\_\_\_\_\_  
**(Parent/Guardian Signature)**

\*\*\*\*\*

Name of Business \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Telephone # \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's Telephone/Extension \_\_\_\_\_

Supervisor's Email (if available) \_\_\_\_\_

Supervisor's Fax \_\_\_\_\_

\_\_\_\_\_  
**(Mentor's Signature)**

#### DAYS AND HOURS EXPECTED ON AT THE WORK SITE:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrive Time					
Depart time					

\*200 hours required