

CDI Student Training Agreement Form

Student Information:

Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____

Relationship to Emergency Contact: _____

Emergency Phone Numbers: _____

On-Site Internship Supervisor Information:

Business/Company/Organization Name: _____

Telephone: _____ Email: _____

Address: _____

On-Site Internship Supervisor's Name: _____

New Worker Safety and Health Orientation Completed

Student Initial _____

	I will arrive at the internship placement site at my scheduled time and notify my on-site internship supervisor if I will be late.
	I will participate in the internship a maximum of _____ hours per week and record my hours correctly on my CDI Hours Interned Form.
	I will dress according to the standards expressed by my on-site internship supervisor.
	I will make every effort to attend all special activities that have been planned for me by my on-site internship supervisor.

continued

CDI Student Training Agreement Form *(continued)*

Student Initial _____

	I will take the appropriate time for a break or lunch and check in with my on-site internship supervisor before I leave and when I return.
	If I am sick, I will contact my on-site internship supervisor and my teacher/CDI supervisor at the earliest possible time.
	If an incident, accident, or injury occurs, I will notify my on-site internship supervisor immediately.
	I will not make personal calls from the internship site or use internship site equipment or supplies for personal use. I understand that if I am assigned a computer, I will not abuse my privileges by using the computer for personal use, such as email, games, and social media.
	I will not use my personal cell phone while at work except in an emergency.
	I will keep confidential all of the information that I hear while on my internship.
	I understand that I am not to receive any compensation.
	I understand that if I have any health issues that my on-site internship supervisor should be aware of, I and /or my parent/guardian will communicate them to my teacher/CDI facilitator.

Internship Goals

1. _____

2. _____

3. _____

Student's Signature