

Libby High School School – to - Career Internship Program



Our goals can be defined as the following:

- To expand student learning by connecting the classroom to the “real world.”
- To involve students in defining their own educational goals and futures
- To help students define areas of interest their skills and abilities and possible career options through hands-on learning.
- To enable students to acquire experience in career interest areas.
- To give students opportunities to understand how a community functions – i.e. their roles responsibilities.
- To help students acquire knowledge and skills about career and labor markets in order to make good decisions about their future.

This experiential learning experience is an elective class in which students must complete a minimum of 60 “contact hours” and meet standards-based requirements which include: researching career opportunities, timely completion of written assignments and regular meetings with the Career Coordinator at the high school.

Work-site supervisors are asked to provide the intern with a valuable experience that offers insight into what a professional does, the kind of work performed in that field of endeavor and the qualities that make one successful. Interns are evaluated on their performance, utilizing the Colorado Workplace Standards as a guideline:

- Communication Skills
- Organizational Skills
- Thinking Skills
- Worker Qualities
- Technology Skills

As the internship progresses, we hope that the students are allowed to participate to a greater extent in the daily operation of the site’s business, as well as being encouraged to improve their skill level.



**School to Career Internship Application
Cabinet Peaks Medical Center – Mentorship Program**



Name: _____ Student ID: _____ Date of birth: _____

Current GPA _____ Address: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Additional Items to attach to application: Resume, Transcript with current and proposed schedule for second semester, Letter of Intent.

As a prerequisite, I have successfully passed Chemistry or Advanced Biology/ Accounting with a “C” or better

Teacher Recommendation forms were given to:

Science or Business Teacher _____ Additional Teacher _____

Nursing <ul style="list-style-type: none"> • Med Surgery (Acute Care, OB Nursery, Swing bed, ICU) RN and CNA • Surgery RN, Surgical Technologist, CRNA, Central Sterile Technician • Emergency Department RN and ED Tech • Chemotherapy and Infusion RN 		Rehabilitation <ul style="list-style-type: none"> • Physical Therapist/Assistant • Occupational Therapist • Speech Language Pathologist • Cardiac Rehab • Pulmonary Rehab • Respiratory Therapist 	
Imaging <ul style="list-style-type: none"> • Imaging Technologist <ul style="list-style-type: none"> ○ CT ○ X-ray ○ MRI ○ Ultrasound 	Lab <ul style="list-style-type: none"> • Medical Technologist • Phlebotomist 	Revenue Cycle Finances <ul style="list-style-type: none"> • Admissions Clerk • Patient Account Representative • Coder • Medical Records Clerk 	

Area of interest for internship: _____

Additional area of interest for internship: _____

Student must provide their own transportation; do you have transportation? ___ Yes ___ No

Please check semester you are applying to be an intern _____ Fall (Aug – Jan) _____ Spring (Jan – June)

PARENT/GUARDIAN:

Internships are typically done out in the community at a “worksite” and although the student is registered for a class, they do not sit in a classroom, but rather, earn their credit by working at the internship worksite. The student needs to be responsible, dependable and self-motivated, with a desire to learn about the career field in which they are working. Once your student has discussed the potential internship with you, please sign below. This does not enroll your student in the class, but rather assures me that you are aware of the potential internship.

Parent Signature

Date

Email Address

Phone Number