



## DPS CareerEngage Internship Program Information Sheet

### CareerEngage Internship Document Checklist:

- \* DPS CareerEngage Internship Program Information Sheet (page 1)
- DPS Internship Agreement Form (pages 2-5)
- Credit Declaration (page 6)
- Parent Consent for Treatment and Work Comp Clinic List (page 7-8)
- DPS and ACEConnect Partner Media Release Form (page 9)
- ACEConnect Training Plan (page 10)

All documents listed above must be completed and on file for students to be issued Work Study credit. Those with an \* are required for October Count.

<b>Term:</b>	<input type="checkbox"/> <b>Fall 20</b> _____	<input type="checkbox"/> <b>Spring 20</b> _____	<input type="checkbox"/> <b>Summer 20</b> _____
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(Student Name)	(School)
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Student Cell/Home Number	Parent/Guardian Name	Parent/Guardian Cell/Home Number
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(Name of Internship Company or Organization)	(Supervisor's Name)
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\_\_\_\_\_  
(Company or Organization Address)

(Company or Organization Phone Number)	(Supervisor's Phone Number)
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Position is an unpaid internship through the DPS CareerEngage Internship Program.

(Intern Title)	Start Date: _____	End Date (if applicable) _____
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CareerEngage internships are considered unpaid. Interns may be eligible for a fellowship grant based on grant criteria.

Work Schedule (Hours/Days of the week) \_\_\_\_\_

Brief Description of Intern Duties: \_\_\_\_\_

\_\_\_\_\_  
Dress Code:

\_\_\_\_\_  
DPS Staff Contact Person:

(Name)	(Title)
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(Cell Phone)	(Email)
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## DPS INTERNSHIP AGREEMENT FORM

THIS AGREEMENT is between \_\_\_\_\_ (student’s name from here named “Student”), the student’s parent or guardian, Denver Public Schools’ (DPS) \_\_\_\_\_ (name of internship program) Program and \_\_\_\_\_ (partner company). Program eligibility is contingent on successfully completing the Launch Internship Program enrollment process. School credit for internships is awarded to students contingent on completion of district paperwork, submission of documentation of internship hours using approved timesheet and any additional assignments required by schoolstaff.

All parties agree to the following:

### 1. Commitment

a. The Student agrees to the following:

- i. To be placed as an intern at \_\_\_\_\_ (partner company).
- ii. To attend required virtual class, workshops, seminars or other work readiness training before and/or during the internship/work experience using Zoom or similar virtual, online platform.
- iii. To attend all scheduled classes in accordance with school policies or risk losing internship or forfeit school credit for the internship.
- iv. To participate in the internship according to the schedule listed on the DPS CareerEngage Program Internship Information Sheet.
- v. To act as an ambassador for Denver Public Schools, its students, faculty, and staff by conducting oneself in a positive, ethical and respectful manner and maintain good grooming, appropriate dress and professional behavior throughout internship.
- vi. To be familiar with and follow the internship site’s employment policies, procedures, dress code, privacy or confidentiality agreements, and behavioral expectations.
- vii. To notify internship supervisor and school contact person of absences and/or tardiness according to internship policies and procedures and to inform school contact person of any changes in internship status (ex. change in work schedule or dismissal).
- viii. To maintain communication with school contact person via email, text messages or phone as required by internship program.
- ix. To meet the requirements for a passing grade as outlined in course syllabus or program policies and to turn in documentation required for school credit to designated school staff person. This may include timesheets, pay stubs, performance evaluations, internship projects, etc. **CareerEngage Program students** agree to turn in a signed, completed time sheet prior to being issued the final fellowship grant for which he/she is eligible.
- x. If eligible for DPS worker’s compensation coverage, (see item 2, pg 4) student must report any injuries that occur while performing internship duties and follow DPS worker’s compensation procedures: a) Report injury to internship supervisor and school Internship Coordinator, b) Call Corvel hotline and speak directly with a nurse to provide information related to the incident including details regarding the occurrence of the incident, immediate physical and/or other symptoms and prior/currently relevant medical history, c) Show up for scheduled appointments and follow treatment protocol.

b. The parent or guardian agrees:

- i. To allow student to participate in the DPS CareerEngage Internship Program virtually using platforms such as Zoom or other video conferencing applications.
- ii. To support student to meet the requirements of the CareerEngage Program.
- iii. To allow the student to engage in a variety of activities that require the sharing of the student’s personally identifiable information (PII) with CareerEngage business

partners. Circumstances where the student's data may be shared may include but are not limited to the sharing of resume, PII and social media profiles with CareerEngage Program business partners as required for intern selection process and on-boarding (ex. PII may be necessary for drug testing, criminal background checks, etc. required by business partners).

- iv. To encourage student to communicate directly with internship supervisor and school contact person when unable to engage in online meeting and other scheduled online activities.
  - v. To provide the support needed for the student to fully engage in the internship program including allowing space and time to participate in a remote internship .
  - vi. If eligible for DPS worker's compensation coverage (see item 2, pg. 4), to support student in reporting any injuries that occur while performing internship duties and following DPS worker's compensation procedures: a) Report injury to internship supervisor and school Internship Coordinator, b) Call Corvel's hotline and speak directly with a nurse to provide information related to the incident including details regarding the occurrence of the incident, immediate physical and/or other symptoms and prior/currently relevant medical history, c) Show up for scheduled appointments and follow treatment protocol.
  - vii. To assist the student with meeting the following program requirement: Interns must turn in a signed, completed time sheet prior to being issued the final fellowship grant for which he/she is eligible.
- c. DPS agrees as follows:
- i. To identify learning objectives and internship project outlining the specific skills student will learn during the internship in collaboration with the internship supervisor. (See **Appendix A** for sample Training Plan- Special Ed only.)
  - ii. To provide case management support and act as a liaison between the student, parent/guardian, school and internship supervisor.
  - iii. To monitor intern engagement and progress, in conjunction with supervisor, to help the student meet internship expectations and perform at their full potential.
  - iv. To provide consultative support to internship supervisor to ensure a successful and meaningful internship experience for the student and supervisor.
  - v. To issue school credit based on hours worked as documented on signed time sheet, pay stub, or other district-approved documentation per course syllabus or program policy.
- ci. The Internship Site agrees to:
- i. To permit \_\_\_\_\_(student name) from \_\_\_\_\_(name of school) to enter the workplace as an intern under the supervision of \_\_\_\_\_(internship supervisor's name) for the purpose of gaining knowledge and experience \_\_\_\_\_(industry).
  - ii. Supervisor agrees to obtain parent permission before administering a polygraph, drug test, physical or other screening prior to internship placement.

- iii. The internship site agrees to conform to all federal, state, and local laws and regulations, including Child Labor Laws and non-discrimination on the basis of sex, race, creed, color, disability, or marital status.
- iv. Before the internship begins, internship supervisor(s) and any staff who will have consistent, unsupervised contact with interns will complete a criminal background check through DPS Safety and Security or sign a notarized affidavit when DPS Partnership Agreement has been executed. Supervisor is required to meet with interns a minimum of twice weekly.
- v. Intern supervisor will instruct student in office procedures, appropriate dress, office culture/etiquette, and relevant policies and procedures.
- vi. Ensure the Student is given the opportunity to gain well rounded experience in a remote format and progress in his/her position as proficiency allows.
- vii. To contact school staff if concerns arise regarding student's performance.
- viii. To maintain confidential information and not reveal it to clients, colleagues, or others without procuring the necessary releases or authorizations.
- ix. To verify intern time sheet/internship hours and complete the required midterm and final performance evaluations each term, providing feedback on student's ability to meet internship expectations.

## 2. Wages and Worker's Compensation

- a. CareerEngage interns are hired on as temporary DPS employees and will receive Colorado minimum wage for the hours that they work. Students will receive a DPS paycard approximately two weeks after their first time submission.
- b. Students participating in the DPS CareerEngage Program are covered by DPS' worker's compensation policy when engaged in internship related activities. Students covered by DPS worker's compensation policy must report an injury to his/her supervisor and school contact person as soon as possible, but no later than 4 business days or may not be eligible for worker's compensation coverage.

## 3. Termination

- a. Grounds for termination during the internship may include but are not limited to: academic concerns (drop in grades, attendance, not completing class assignments, etc.), poor work performance, unprofessional or inappropriate behavior, failure to meet program expectations.
- b. In the event that the Student is terminated from the internship program for reasons of  
  
unprofessional or inappropriate behavior while enrolled at \_\_\_\_\_ (school name),  
the Student may face additional disciplinary action as deemed reasonable by the School's  
Pathway Director and/or other school administrator.
- c. Termination may result in a failing grade and/or reduction in number of credits issued.

## 4. Resignation

- a. Due to the nature of an internship arrangement, a student may not withdraw from an internship without prior authorization from DPS staff except in severe and justifiable circumstances.



- b. If the student resigns from the internship program before all program requirements are complete, the number of credits issued will be determined by the policy stated in the course syllabus or program handbook.

**5. Confidentiality**

- a. The student acknowledges that in the course of the internship experience s/he may have access to and be involved in the processing of verbal, written, filmed, and/or recorded information relating to clients, employees or company business.
- b. The student understands he or she is required to maintain confidentiality of this direct or indirect information at all times, both during and after the internship experience. The student understands that he or she may not share, discuss, or reveal any of this information with anyone.
- c. Failing to maintain confidentiality may result in disciplinary action, including termination from the internship or legal action.
- d. The student agrees to abide by the confidentiality policy as stated above.

Term:  Fall 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_  Summer 20 \_\_\_\_\_

This student is expected to complete \_\_\_\_\_ (please fill in blank) work hours this term.

Student's Name: \_\_\_\_\_ Student E-Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intern Supervisor's Name: \_\_\_\_\_

Supervisor's E-Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DPS Contact Person's Name: \_\_\_\_\_ DPS Contact E-Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (Please type name): \_\_\_\_\_

\*Parent's Electronic Signature (please use e-signature format, ex. /John Smith): \_\_\_\_\_

Date: \_\_\_\_\_

**\*Electronic Signatures And Electronic Records:** By typing in his/her name, Supervisor and Parent/Guardian are signing this document electronically. Parent and Supervisor consent to the use of electronic signatures by the District.

Parent agrees not to deny the legal effect or enforceability of this Agreement solely because it is in electronic form or because an electronic record was used in its formation. Parent agrees not to object to the admissibility of the Agreement in the form of an electronic record, or a paper copy of an electronic document, or a paper copy of a document bearing an electronic signature, on the ground that it is an electronic record or electronic signature or that it is not in its original form or is not an original.

**Denver Public Schools**  
ENTERPRISE RISK MANAGEMENT

Tel: 720-423-1300

<http://RiskManagement.dpsk12.org>

[RiskManagement@dpsk12.org](mailto:RiskManagement@dpsk12.org)



**Parent or Guardian Consent for Medical Treatment  
Workers' Compensation Illness or Injury  
DPS Student Worker\***

*\*DPS Student Worker includes but is not limited to DPS Student Interns and DPS Student Apprentices*

This consent is applicable only to Student Workers covered by the District's (DPS) Workers' Compensation Program.

\_\_\_\_\_, consent to have \_\_\_\_\_, receive  
(Printed Name of Parent/Guardian) (Printed Name of Student)  
medical treatment at one of the DPS Authorized Treating Physicians (Designated Providers).

In the case of a life or limb threatening emergency, I also consent to have my child treated at the nearest Emergency Facility.

\_\_\_\_\_  
Parent/Guardian E-Signature

\_\_\_\_\_  
Date

**\*Electronic Signatures And Electronic Records:** By typing in his/her name, Parent is signing this document electronically. Parent consents to the use of electronic signatures by the District. Parent agrees not to deny the legal effect or enforceability of this Agreement solely because it is in electronic form or because an electronic record was used in its formation. Parent agrees not to object to the admissibility of the Agreement in the form of an electronic record, or a paper copy of an electronic document, or a paper copy of a document bearing an electronic signature, on the ground that it is an electronic record or electronic signature or that it is not in its original form or is not an original.

This Form must be on file within DPS and easily accessible. The Student should carry the authorization and be prepared to present it to the DPS Authorized Treating Physician (Designated Provider) or Emergency Facility upon request. **Without appropriate signed authorizations, medical providers may decline to treat Student Workers.**

For the list of DPS Authorized Treating Physicians (Designated Providers):  
<https://financialservices.dpsk12.org/risk-management/workers-compensation/>

## **AUTHORIZED TREATING PHYSICIANS (Designated Provider List) - IMPORTANT NOTICE**

Employers within the State of Colorado have the right to designate medical providers for their injured employees. DPS has designated the following medical providers for our injured employees. Should you seek medical treatment for an occupational injury or illness from your private physician or through another clinic or hospital, you may be financially responsible for that care. **If your occupational injury or illness is a life or limb-threatening emergency, call 911 or go to the nearest emergency provider.**

### **Midtown Occupational Health Services**

2490 West 26<sup>th</sup> Ave  
Building A, Suite 300  
Denver, CO 80211  
(303) 831-9393 – **Accepts Walk-ins**  
**M-F: 7:00am to 5:00pm**  
**Marc Steinmetz, M.D.**  
**John Raschbacher, M.D.**  
**Larry Cedillo, D.O.**  
**Kirk Holmboe, M.D.**  
**Sadie Sanchez, M.D.**  
**David Orgel, M.D.**

### **Rocky Mountain Medical Group, P.C. - Aurora**

**Location 1**  
13650 East Mississippi Ave  
Suite 120  
Aurora, CO 80012  
(303) 280-2882 – **Call Ahead**  
Available at this location  
**Monday and Friday: 8:00am to 3:30pm**  
**Brian Beatty, D.O.**

### **Rocky Mountain Medical Group, P.C. - Englewood**

**Location 2**  
730 West Hampden Ave  
Suite 200  
Englewood, CO 80110  
(303) 407-9316 – **Call Ahead**  
Available at this location  
**Tues, Wed and Thurs: 8:00am to 5:00pm**  
**Brian Beatty, D.O.**

### **Concentra - Littleton**

20 West Dry Creek Circle  
Littleton, CO 80120  
(303) 798-1009 – **Accepts Walk-ins**  
**8:00am to 5:00pm**  
**Kathryn Bird, M.D.**

### **Concentra - Stapleton**

5855 Stapleton Drive North, Unit A-130  
Denver, CO 80216  
(303) 371-7444 – **Accepts Walk-ins**  
**7:00am to 5:00pm**  
**John Burriss, M.D.**  
**Jay Reinsma, M.D.**

### **Concentra - S. Broadway**

1212 S. Broadway, Suite 150  
Denver, CO 80210  
(303) 777-2777 – **Accepts Walk-ins**  
**M-F: 7:00am to 5:00pm**  
**Stephen Danahey, M.D.**

### **Concentra - Denver North**

420 E. 58th Ave, Suite 111  
Denver, CO 80216  
(303) 292-2273 – **Accepts Walk-ins**  
**M-F: 7:00am to 5:00pm**  
**Karen Larson, M.D.**

### **Concentra - Aurora North**

15235 E. 38th Ave  
Aurora, CO 80011  
(303) 340-3053 – **Accepts Walk-ins**  
**M-F: 8:00am to 8:00pm; Saturday: 8:00am to 4:00pm**  
**Jerald Solot, D.O.**  
**Amanda Cava, M.D.**

**Effective 12/01/2019**

**Claims Administrator is CorVel • PO Box 3937, Greenwood Village, CO 80155 • (720)250-0700**



# DPS and DPS CAREER CONNECT PARTNERS

## PERMISSION AND RELEASE FORM FOR PRINT AND ELECTRONIC MEDIA

### Print and Electronic Media

In the interest of promoting their participation in CareerConnect programs, Denver Public Schools (DPS) and DPS CareerConnect Partner Organizations may wish to use photographs, interviews and video footage. Permission to use photographs, interviews and video can be granted to the media only with parent/guardian approval.

This agreement constitutes permission for Denver Public Schools and DPS CareerConnect Partner Organizations to use photographs and video footage of the student named below in presentations and media related to DPS CareerConnect programs. I understand that no compensation will be made to me for this use and that images and video remain the sole property of DPS or its partners. Denver Public Schools assumes no liability of any nature in connection with such filming and/or interviewing.

- o Yes, I give my permission for Denver Public Schools and DPS CareerConnect Partner Organizations to use my child’s photographs/video footage for information and possible distribution about its programs.
- o No, I do not want my child’s photographs/video footage used by Denver Public Schools and DPS CareerConnect Partner Organizations for information and possible distribution about its programs.

_____	_____
<b>Student Name (please print)</b>	<b>School</b>
_____	_____
<b>Parent/Guardian Name (Please type in name)</b>	<b>Date</b>
_____	_____
<b>*Parent/Guardian Electronic Signature (Ex. /John Smith)</b>	<b>Date</b>

\*Electronic Signatures And Electronic Records: By typing in his/her name, Parent is signing this document electronically. Parent consents to the use of electronic signatures by the District. Parent agrees not to deny the legal effect or enforceability of this Agreement solely because it is in electronic form or because an electronic record was used in its formation. Parent agrees not to object to the admissibility of the Agreement in the form of an electronic record, or a paper copy of an electronic document, or a paper copy of a document bearing an electronic signature, on the ground that it is an electronic record or electronic signature or that it is not in its original form or is not an original.



## Intern Training Plan

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Program Participants Name: \_\_\_\_\_

Internship Job Title: \_\_\_\_\_

\*This form is to be completed prior to the Program Participant’s first day of work as a tool to assist in planning a valuable internship experience.

Sample Learning Objective: “Intern will demonstrate the ability to follow a 5 ingredient recipe and accurately increase the amount of each ingredient to make a double batch”.

Training Component	Date Completed
1. Work Site Orientation/Facility Tour	
2. Introduction to Supervisors/Co-Workers	
3. Review of Safety Policies/Procedures	
4. Learning Objectives for Internship:	
a.	
b.	
c.	
d.	
e.	
5. Review of Training Plan with Program Participant	

\_\_\_\_\_  
Employer Signature                              Date

\_\_\_\_\_  
Program Participant Signature              Date

\_\_\_\_\_  
Job Coach Signature (if applicable)      Date

\_\_\_\_\_  
Teacher/DPS Staff Signature              Date

Adapted from the Training Plans developed by the Denver Office of Economic Development- Youth Services and the DPS 18-21 Transition Program.