



**DUE MAY 29, 2026!**

**Executive Internship (Co-op) Application (Juniors and Seniors ONLY)**

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Executive Internship: Requirements dictate that you must either be a paid employee of a licensed business or a volunteer at a registered non-profit organization. **You are responsible for scanning in/out daily at the front gate with your student ID and turning in monthly supervisor evaluation forms (provided by Nease) and proof-of-hours-worked verifications (provided by your employer/non-profit organization).**

I would like to enroll in this course(s) for:

Choose: \_\_\_\_\_ Morning or \_\_\_\_\_ Afternoon

Choose: \_\_\_\_\_ 1 Period/day or \_\_\_\_\_ 2 periods/day or \_\_\_\_\_ 3 periods/day

This course requires students to turn in a supervisor's evaluation form and copies of paystubs or timesheets every month. I understand that I am not allowed to be on the Nease campus during my Executive Internship period(s) – No exceptions will be made. I acknowledge the requirements of this course and understand that if at any time my employment ceases OR if I fail to submit monthly timesheets or pay stubs verifying that I have worked a minimum of 5 hours per period, I will not receive credit for the course and will be removed from the course. I also understand that I must maintain my driving privileges and parking permit in order to remain in this course. I must be a good role model for Nease High School.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

**Executive Internship Permission to Arrive or Leave Campus**

I, \_\_\_\_\_, parent/guardian  
of \_\_\_\_\_, grant permission to arrive or leave the Nease  
High School Campus daily, in their own transportation or alternative means listed below.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature



## Executive Internship Contract

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

Name of Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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### To be completed by Supervisor:

I intend to supervise, \_\_\_\_\_ in the position of \_\_\_\_\_ for  
\_\_\_\_\_ days per week, \_\_\_\_\_ hours per day.

**EMPLOYER RESPONSIBILITIES:** The employer agrees to place the trainee in the work specified above for the purpose of providing occupational experience of instructional value. The work will be performed under safe and hazard-free conditions. The trainee will receive the same consideration given other employees with regard to safety, health, social security, general work conditions and other policies and procedures of the firm. The employer will adhere to all State and Federal Regulations regarding employment, Child Labor Laws, and minimum wage, and will not discriminate in employment policies, educational programs or activities for reasons of race, sex, color, religion, national origin, marital status, age or handicap.

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employer Contact Number

**PARENT/GUARDIAN RESPONSIBILITIES:** The parent or guardian agrees that the trainee may participate in Executive Internship course as provided by Allen D. Nease High School.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

**STUDENT RESPONSIBILITIES:** The trainee agrees to follow rules and guidelines established by the school, employer and coordinator regarding hours of work, school attendance and procedures. When absent from school without a valid excuse, the student should not be permitted to work. The student also agrees to scan out DAILY and submit supervisor evaluation sheets along with copies of paystubs or timesheets monthly. Failure to do so WILL RESULT IN REMOVAL FROM THE PROGRAM.

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

\_\_\_\_\_  
Student Signature