



# WORKFORCE INTERNSHIP PROGRAM WORK PLAN

Intern Hosts please download this form and complete and provide a copy to FH Chamber of Commerce by October 15th or earlier if internship starts prior to that date.

**INTERN HOST (BUSINESS/ORGANIZATION) NAME:**

**HOST ADDRESS:**

**HOST PHONE:**

**HOST WEBSITE:**

**INTERN HOST CONTACT:** *(this person is required to attend a Best Practice meeting)*

**PHONE:**

**PHYSICAL LOCATION OF TRAINING:**  *(Check if same address as above)*

**INTERN SUPERVISOR / MENTOR NAME:**

**TITLE:**

**EMAIL:**

**PHONE:**

**HOST REQUESTS:** *(Student to check all to confirm acceptance, otherwise leave notes for amendments)*

*Intern Host: Days and Times are flexible and will work with the student to determine.*

**START DATE:**

**END DATE:**

**DURATION:**

*(# OF WEEKS)*

**EXPECTED**

**HOURS**

**PER WEEK:**

**CREDIT:**

Intern host & student understands this is not a paid internship and student will earn graduation credit upon completion of the program per FHUSD requirements.

**NOTES/COMMENTS:**

# HOST INTERNSHIP INFORMATION:

## PURPOSE STATEMENT:

LEARNING OBJECTIVES (Minimum of 3)	PROPOSED ACTIVITIES (Typically at least 2 activities)

*\*\* If you need additional space for objectives and activities please feel free to add an additional page.*

**TRAINING PLAN:** Section to be completed by the Intern Site Supervisor/Mentor

<p><b>ORIENTATION PLAN:</b> <i>(Project Description and Agreement Complete, General Responsibilities, Introduction to Team, Project Summary, Safety Requirements)</i></p>	
<p><b>PROFESSIONALISM:</b> <i>(Dress requirements, office conduct, attendance policies, drug-free environment, etc)</i></p>	
<p><b>UNIQUE ITEMS OF CONSIDERATION:</b> <i>(HIPAA requirements, background check, confidentiality policies, uniform considerations, etc)</i></p>	
<p><b>OTHER:</b> <i>(Anything you'd like to add not already covered above that is critical to the success of the internship)</i></p>	

By signing this Internship Work Plan all parties below understand that the Work Plan outlines the mutually agreed upon proposed activities which the intern will be responsible for fulfilling and which the intern Host will be responsible for providing as part of the Workforce Internship Program experience. Changes to work plans are a normal part of any internship, and are permissible as long as the activities remain within a relevant learning focus and all parties agree to the changes.

Student Print to Sign

09/07/2023

Date

Intern Host Print to Sign

Date