



Information Technology / Computer Science Pathway Student Externship Commitment Form

Program Overview

The intent of the Student Development Experience Externship, in conjunction with the Utah Governor's Office of Economic Development, is to provide students with practical and meaningful career-oriented work experiences which reinforce the classroom training taught in school. The Student Development Experience Externship is one part of the overall educational experience for students who are enrolled in the Information Technology Pathway Initiative.

- This experience is for the benefit of the students.
- Students participating in this program do not replace the employer's regular employees and are not a substitute for labor.
- Students will observe certain tasks that are part of the development process under the guidance of experienced employees. Regular company employees, not students, are responsible if any product is produced.
- Students are not employees of the companies.
- Students are not entitled to a job at the end of the experience.
- Students learn in a hands-on environment paired with subject matter experts who are also their mentors and trainers.
- Mentors provide a job shadow experience and hands-on experience for students in either a one-on-one or small group situation
- An outgoing interview will be held with the company and this will be considered a potential job interview, if the student agrees.

Requirements to Participate

In order to be eligible to participate, students must:

- Be enrolled in the Information Technology Pathway Initiative
- Be a high school senior
- Be US persons (US Citizens or Resident Aliens of the US)
- Have successfully completed or will complete the following requirements:
 - Computer Technology or equivalent
 - Computer Programming I
- Be willing and able to follow all policies and procedures
- Have permission to participate from a parent or legal guardian
- Sign a release (with a parent or guardian) prior to starting the Externship
- ***Ability to pass a drug test and background check***
- ***Valid ID issued by a government agency***
- Provide their own individual transportation

Safety and Health

Each employer will provide students with health and safety training appropriate to their location and business. Each company has its own safety rules which add restriction to this section.

Student Information

- Students are required to have the permission of a parent or legal guardian in order to participate.
- **Students and their parent or legal guardian are required to sign a release** allowing participating companies, Educational Institutions, and the Governor's Office of Economic Development to use photographs, videos, and quotes.
- For the purposes of communication, students shall provide a home address, home phone number, mobile phone number, and e-mail address to the companies. Students will also provide the name and emergency contact information of a parent or guardian. A copy of this application will also be maintained by the company's Human Resources department in a secure location.

Student Information Disclosure (FERPA)

- Parent and student, by signing below, give permission for the student's name, address, phone number, student ID number, and email address, as included on the application, to be released to the Externship company for the purpose of facilitating the externship.

Program Dates and Logistics

Students are required to spend 40 hours at industry partner locations. Schedules depend on the availability of the student and the Company and may be "flexed" depending on the Company's capacity to meet the students' other schedule requirements.

Commitment to Participate

By signing below, I commitment to participate in the Information Technology Pathway Initiative and follow all rules, requirements, and guidelines expected of me.

Student Name _____ Signature _____

Student Email _____

Parent/Guardian Name _____ Signature _____

Parent Email _____

In Case of an Emergency Contact:

Parent/Guardian _____

Address _____

Home Phone _____ Cell Phone _____

Information Technology Student Externship Application

Date _____ High School _____ Student ID# _____

Student Name _____

Email _____ Cell Phone _____ Home _____

Phone _____

Home Address _____ City _____ State UT Zip _____

Parent/Guardian _____ Cell Phone _____

Email _____

REQUIREMENTS TO PARTICIPATE:

1. Be enrolled in the Information Technology Pathway Initiative
2. Be a senior student in high school
3. Be a US Citizen or Resident Alien of the US
4. Have successfully completed or will complete the required courses in your high school
5. Be willing and able to follow all policies and procedures
6. Have permission to participate from a parent or legal guardian
7. Student and parent must sign a release prior to starting the Externship
8. Ability to pass a drug test and background check
9. Valid ID issued by a government agency
10. Each student must provide their own individual transportation

AUTHORIZATION TO USE AND DISCLOSE INFORMATION FOR MEDIA OR PUBLIC RELATIONS

_____(Parent Initial) This authorization allows Davis School District to release the following information about my student:

- Full Name
- Image (photographs, video, film)
- Story and statements
- Other _____

I understand:

1. I can refuse to sign.
2. I can cancel this agreement, through writing the Davis School District CTE department at any time, for any reason, so my information cannot be disclosed in the future.
3. Refusing or changing my mind will not affect me negatively in any way.
4. Federal privacy rules allow me to request, in writing, a copy of any information shared or used under this authorization.
5. I understand that others will see the information shared publicly because of this release. They may not be governed by the same federal privacy rules.

_____(Parent Initial) I understand what information is being released and questions about this form have been answered to my satisfaction. I give authorization and release my information to Davis School District to disclose in news media, public relations, publications, advertising, fundraising purposes, and other communications.

I authorize my child to participate in this experience. I understand that some of my child's personal identifying information will be provided by my child to the companies for which they will be externing. I recognize that my child may be traveling after scheduled class time. I recognize that I have full responsibility for my child traveling to and from the externship site. I understand that I am responsible for providing my own child's transportation and that school district transportation is not provided.

Parent/Guardian Name (PRINT) _____

Parent/Guardian Signature _____ Date _____

Information Technology Pathway Initiative Externship

CONFIDENTIALITY AGREEMENT

AS A STUDENT INTERN PLACED IN AN EXTERNSHIP, I UNDERSTAND THAT I MAY HAVE ACCESS TO CONFIDENTIAL INFORMATION/DATA, WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, INFORMATION/DATA RELATING TO:

- Customers (such as records, conversations, financial information, etc.)
- Employees (such as wages, employment records, disciplinary actions, etc.)
- General or Private Information (such as financial and statistical records, internal reports, memos, communications, access codes, proprietary technology, etc.)

ACCORDINGLY, AND AS A CONDITION OF MY PARTICIPATION AS A STUDENT INTERN, I PROMISE THAT:

1. I will use confidential information/data only as needed by me to perform my legitimate duties as a student intern. This means, among other things, that:
 - a. I will not access confidential information for which I have no legitimate need to know.
 - b. I will not in any way divulge, copy, release, sell, loan, revise, alter, or destroy any confidential information/data except as properly authorized.
 - c. I will not misuse confidential information/data or carelessly care for confidential information/data.
2. I understand that my obligations under this agreement will continue after termination of my status as a student intern.
3. I will be responsible for my misuse or wrongful disclosure of confidential information/data and for my failure to safeguard my access code or other information. I understand that my failure to comply with this agreement will result in the termination of my externship arrangement, and it may also result in legal liability and other consequences.

AT ALL TIMES DURING MY EXTERNSHIP, I WILL ACT IN THE BEST INTEREST OF THE BUSINESS WHERE I AM PARTICIPATING.

Student Signature _____ Date _____

Parent Signature _____ Date _____