

SUMMER INTERNSHIPS 2022

PROGRAM FORMS

United Way of Southwest Virginia
Ignite Program





United Way of Southwest Virginia

INTERNSHIP COMMITMENT CONTRACT

I, _____ (Your Name Here) _____, have read and understood the 'Summer Internships Intern Manual' fully. I have also shown the entirety of the manual to my guardian or parent.

I understand my internship placement signifies a belief on the part of my internship organization that I have professional potential. I recognize and honor the commitment that comes with a student internship by agreeing to the following criteria:

- ✓ I will maintain a regular internship schedule determined by myself and my supervisor.
- ✓ I will demonstrate honesty, punctuality, courtesy, cooperative attitude, proper health and grooming habits, appropriate dress and a willingness to learn.
- ✓ I will obey the policies, rules and regulations of the internship site and comply with my site's practices and procedures.
- ✓ Transportation to and from the internship site is my responsibility.
- ✓ I will attend all scheduled times at internship site, Internship Orientation, and United Way of Southwest Virginia's Internship Celebration at the end of the program.

By signing this Internship Commitment Contract, I acknowledge that I will abide by the responsibilities laid out, I have been advised by my Ignite School Coordinator for MajorClarity and career readiness help, and my parent or guardian agrees to my participation.

I understand that if a potential employer would like to request an interview with me on site or via video chat, they need to have my personal information listed above.

This form indicates my approval, my guardian and/or parent approval, and my Ignite Coordinator's approval for the sharing of this information in order to further my application process for an Ignite Internship.

Parents and Guardians: I understand my child may be featured in area news/media, and I grant permission to use and reproduce photos, videos, and communication of my child to promote an initiative, idea, event or program of United Way. **Parent/Guardian Initial:** _____

By signing below I acknowledge that the success of my internship experience is directly related to the personal commitment I give to all parts of my internship assignment.

Student contact information is for United Way staff to reach out to participating interns.

Guardian/Parent
Signature _____ Date _____

Coordinator
Signature _____ Date _____

Student Signature _____ Date _____

Student Email _____ Student Phone # _____

Once completed, Ignite School Coordinator must upload this document to the student's Major Clarity profile.

RECOMMENDATION FORM

STUDENT'S NAME: _____
First Name
Last Name

Please circle your response below regarding this applicant's strengths and abilities.

	No Ability									High Ability
Level of Initiative	1	2	3	4	5	6	7	8	9	10
Teamwork Ability	1	2	3	4	5	6	7	8	9	10
Problem Solving	1	2	3	4	5	6	7	8	9	10

In what capacity and for how long have you known this student?

What are the student's strengths and weaknesses?

Why is this student a good fit for internship this summer through Ignite?

Recommender's Information

Name: _____ Department: _____

School Name: _____

Signature: _____ Date: _____

Once completed, Ignite School Coordinator must upload this document to the student's Major Clarity profile.