



March 5, 2019

Dear Prospective Mentor:

Seffner Christian Academy is offering a two-day opportunity for our students to explore career interests by participating in an internship. The dates are Thursday, March 28<sup>th</sup> and Friday, March 29<sup>th</sup>.

The purpose of the internship is to provide the student with an opportunity to explore a vocation that he/she may be considering for the future. The intent is for the intern to have as much "hands-on" experience as is legally permissible in the particular vocation.

The intern is to work regular school hours (8:00 am – 3:00 pm), unless the business requires alternate times (alternate times must be submitted in advance to the administrator for approval). The intern is to be at the job site for at least 14 hours. He/she is not to receive any pay and is responsible for any parking fees and/or any meals associated with the experience. The intern is to exhibit the highest standards of character and behavior while participating in the program.

The supervising professional will be asked to submit an evaluation of the intern's performance at the conclusion of the week. The intern is required to maintain a daily journal of the experience to be turned into their principal.

If for any reason the mentor is not able to fulfill the obligation, the student may return to the school to complete the experience on campus.

If you have any questions about this experience, please do not hesitate to contact me at (813) 626-0001. Thank you for assisting us in the training of the leaders of tomorrow.

Sincerely,

Mrs. Sara Shock  
Dean of Student Services  
Seffner Christian Academy



## Minimester Internship Experience Plan

### Student Information

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

#### Mentor Information

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

Occupation: \_\_\_\_\_

Address (where the intern will work): \_\_\_\_\_

Phone:(    ) \_\_\_\_\_ Fax:(    ) \_\_\_\_\_

What duties will the student perform during the week? \_\_\_\_\_

\_\_\_\_\_

Signature of the Mentor: \_\_\_\_\_

#### Parent Release

Parent Release – I have reviewed and authorize my child's internship experience plan. I will assume responsibility for his/her attendance, behavior and transportation.

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Parent signature

Printed Name

Daytime Phone

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SCA Administrator's Approval

Date