

**Connecticut Technical Education and Career System  
 Internship Participation Agreement**

Guidelines for participation in the CTECS Internship Program are outlined in the "Student Workforce-Work Based Learning" Manual

<b>Student and Parent/Guardian Information</b>	
Student Name:	_____ Grade: _____ Shop: _____ D.O.B.: _____
Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone:	_____ Email: _____
Parent/Guardian Name:	_____
Student Signature:	_____ Date: _____
Parent/Guardian Signature:	_____ Date: _____
<b>Company/Mentor Information</b>	
Company Name:	_____ Phone: _____
Address:	_____ City: _____ Zip Code: _____
Workplace Assignment/Job:	Dates: _____ Start: _____ End: _____
Mentor Name:	_____
Phone:	_____ Email: _____
Mentor Signature:	_____ Date: _____
<b>School Information</b>	
School Name:	_____ School Phone: _____
Address:	_____ City: _____ Zip Code: _____
Dept. Head Name:	_____ Email: _____
DH Signature	_____ Date: _____
WBL Coordinator Name:	_____ Email: _____
WBL Coordinator Signature:	_____ Date: _____
<b>Final Administration Approval</b>	
Principal Signature:	_____ Date: _____