



FUTURES AND OPTIONS

The Future is in Your Hands

Futures and Options Internship Program Student Agreement

The Futures and Options Internship Program is designed to provide motivated New York City high school students with the opportunity to work under the direction of professional adults. Futures and Options enables private and nonprofit businesses to gain access to promising, motivated and diverse young interns, who in turn gain much needed access to the economic mainstream, career development and support from caring adults.

Futures and Options internships are paid and interns are required to work at their assigned job placements according to a schedule of hours and days that are mutually agreed upon in advance between the intern and the site supervisor. Interns are required to communicate in advance with the Futures and Options program coordinators and site supervisor if, for any reason, they are not able to fulfill their commitments to be at their internship site as scheduled.

Participating interns are expected to follow proper business decorum and dress in appropriate attire for the duration of the internship program.

Participating interns must be available for the entire internship duration and attend the Futures and Options workshops in order to successfully complete the program. Workshops may be held at various locations in New York City. Participants are expected to travel to and from workshops independently, meeting Futures and Options staff at the workshop location. Students may also participate in corporate volunteer events and off-site field trips designed to expose them to the business world and introduce them to young professionals in the workplace.

Participating interns will be required to complete pre- and post-tests and evaluations during the program. Evaluations of interns' performance will be completed by intern supervisors and shared with interns at the end of each term.

Participating interns and parents/guardians may be required to complete additional forms granting permission for drug testing, fingerprinting and background investigation, if it is the policy of the internship site.

Futures and Options may utilize student images (photograph/videotape), tape recordings, and/or quotes for any literature, press release, advertisement, website, e-newsletter, and/or in any other Futures and Options materials and/or internship site materials that promote the mission and philosophy of Futures and Options.

I have read the above description of the Futures and Options High School Internship Program and, if chosen to participate in the program, I agree to the terms stated above. I understand that if I do not fulfill the program requirements as stated above I will not be allowed to continue in the Internship Program. I also certify that all of the information in my application is true and correct to the best of my knowledge.

Signature of Applicant

Date

Applicant Full Name (Please Print)

Date

I have read the above description of the Futures and Options High School Internship Program and, if my child is chosen to participate in the program, I agree to the terms stated above. I understand that if my child does not fulfill the program requirements as stated above they will not be allowed to continue in the Internship Program. I also certify that all of the information in my child's application is true and correct to the best of my knowledge.

Signature of Parent/Guardian

Date

Parent/Guardian Full Name (Please Print)

Parent/Guardian Email

Parent/Guardian Phone



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Futures and Options Internship Program Emergency Contact and Medical Form

Emergency Information (to be completed by Parent/Guardian)

Please indicate the name and phone number of a person we may contact in case of an emergency. If you have medical coverage, please provide the name of the carrier.

Emergency Contact Name: _____

Relationship to Student: _____

Phone (Day): _____ Phone (Evening): _____

E-mail Address: _____

Medical Coverage: _____

Health Information (to be completed by Parent/Guardian)

Please list any allergies your child has (e.g. food allergies, bug bites, or other sensitivities):

Please list any medical conditions your child has that you would like to disclose:

Does your child take any medication? Yes _____ No _____

Medication Taken: _____ When Taken _____ What for? _____

I will hold neither Futures and Options nor any of the staff responsible for any accident or injury to my child. In the event my child is injured or in any way requires medical attention, the Futures and Options staff has my authorization to seek help on his/her behalf. I have indicated any permanent or temporary medical condition about my child in the space above.

I understand that my child is responsible for his/her behavior at all times. I agree to indemnify Futures and Options for any damages caused by my child. I agree not to hold Futures and Options or any of its staff members responsible for any expenses or injuries my child may incur while engaged in the program.

Please contact Futures and Options at **(212) 601-0002** with any questions or concerns.

By signing below, you agree to your child's participation under the above conditions.

Signature of parent/guardian

Printed name of parent/guardian

Date