



Senior Experience Program Class of 2018

Proposal Packet

Due no later than Wednesday, December 6, 2017
(Late applications will not be considered)

Notre Dame High School Senior Experience Proposal

Student Name: _____

Cell Phone: _____

Home Phone: _____

Email Address: _____

Company/ Institution where you will be interning/volunteering:

Can they provide you with 30 hours/week of work? _____

Can you commit to working April 30 – May 25? _____

Contact Person/On-Site Mentor (Supervisor):

Site Address: _____

(NOTE: Internship site MUST be in Connecticut)

Site Phone Number: _____

On-Site Mentor's Title or Position: _____

On-Site Mentor's Phone Number: _____

On-Site Mentor's Email Address: _____

Is this a paid internship? _____ (NOTE: Internships CAN NOT be paid)

Is your On-Site Mentor a Family Member? _____

Notre Dame Faculty Mentor: _____

Current GPA: _____

Disciplinary Issues? _____ Attendance/Tardiness issues? _____

If yes (to disciplinary issues/attendance issues), please explain:

Senior Experience Project Faculty Mentors

The following faculty members have agreed to serve as a faculty mentor for Senior Experience Project students:

- Mrs. Anderson-Zaczkowski
- Mr. Bannon
- Mrs. Bogan
- Dr. Callaghan
- Mr. Cipriano
- Mrs. Cipriano
- Mr. Cofrancesco
- Mrs. Guarino
- Ms. Longo
- Ms. Mazal
- Ms. McGowan
- Ms. Medoff
- Mrs. Miller
- Mr. Sulzycki
- Mr. Winkler
- Ms. Zembrzuski

Each faculty mentor will accept no more than four students. Once you have secured a senior experience program site (either your internship or service program), **please speak directly** with one of the faculty members listed above to see if he/she is available to mentor you during your Senior Experience Project. This faculty member will be your in-school contact during your project. Your mentor must sign the ND Mentor Authorization Page (2) for you to submit with your application.

As a reminder, Senior Experience Project applications are due no later than Wednesday, December 6.

Senior Experience Site Information

Please attach **typed responses** to the following questions.

Please ensure your responses adequately answer each question.

Remember, your application will be reviewed for approval.

NOTE: All internships must be completed in Connecticut.

- A. Please describe the company, institution, or person you are working for.
- B. What are your sponsor's expectations of you as an intern/volunteer?
- C. What do you hope to learn from this internship/volunteer experience?
- D. What is the dress code for your site?
- E. What do you do if you miss a day of your internship/volunteer program? Who do you notify if you are sick or are running late? How will you make up missed work?
- F. What are your work hours? What will your schedule look like weekly?
- G. Why did you select this internship/volunteer program?
- H. Will you be able to complete a weekly journal, update your ND Faculty Mentor of your progress, complete a final presentation, and participate in the Senior Experience Program Fair in early June?

STUDENT SIGNATURE FORM

I am aware of the requirements, daily tasks and duties of the ND Senior Experience Program. I plan to work as an intern or volunteer, without pay, for a company, organization or individual unaffiliated with Notre Dame High School. I realize that obtaining transportation to and from the senior experience site is my sole responsibility. I must attend 30 hours per week from April 30 to May 25, complete weekly journal assignments, keep in contact with an ND Faculty Mentor, complete a time sheet, write a final reflection paper, create a final presentation for the project and present at the Senior Experience Fair.

I am aware that the Senior Experience Project is Pass/Fail, and I will not receive a diploma if I fail to complete this project. I am aware that acceptance into the Senior Experience Program is based upon good attendance, punctuality, minimum of a 2.0 GPA, clean discipline record and passing grade in all classes. Students are selected by the Senior Experience Committee after completing this entire packet and submitting it.

Student's Signature

Date

ON SITE MENTOR AUTHORIZATION PAGE – (1)

ND Senior Experience Signature Pages

Student Name: _____

ON SITE SUPERVISOR/MENTOR

This Notre Dame High School senior student has met with me to discuss the purpose and goal of his/her senior experience. I agree that the student will be working under me for no fee as an intern from April 30 – May 25, 2018.

I realize that I am responsible for:

- Signing off on weekly time sheets provided to me
- Completing a Performance Assessment form at the conclusion of the senior experience (May 25, 2018)
- Providing feedback to a Notre Dame Faculty Mentor via phone, email and/or site visits

The student is responsible for:

- Attending daily, *30 hours per week in total*
- Being prompt and completing all hours... If the student misses hours due to illness or other reason, the student is responsible for making up the missed time

*I realize that I am working with a minor child. The student is responsible for providing me with a copy of the parent signature page which grants parental permission to participate.

On Site Sponsor's Signature _____

Date _____

Please Print Name _____

Phone # _____

E-mail _____

ND FACULTY MENTOR AUTHORIZATION PAGE – (2)

ND Senior Experience Signature Pages

Student Name: _____

ND FACULTY MENTOR

This Notre Dame High School senior student has met with me to discuss the purpose and goal of his/her senior experience. I agree that I will mentor this student from April 30-May 25, 2018.

I realize that I am responsible for:

- Verifying weekly time sheets provided to me
- Communicating with the student's On Site Sponsor via phone, email and/or site visits

The student is responsible for:

- Emailing me a journal weekly
- Scheduling times to meet with me and discuss progress at site

Notre Dame Faculty Mentor's Signature _____

Date _____

Please Print Name _____

PARENT AUTHORIZATION PAGE – (3)

ND Senior Experience Signature Pages

Student Name: _____

PARENT OF SENIOR STUDENT

My Notre Dame High School senior child has met with me to discuss the purpose and goal of his/her senior experience project. I am aware of the requirements, daily tasks and duties of the ND senior experience. I am aware that my child is working as an intern, without pay, for a company, organization or individual *unaffiliated* with Notre Dame High School and the Diocese of Bridgeport. I realize that obtaining transportation to and from the senior experience site is the sole responsibility of my child. ND does not provide transportation.

I realize that my child is responsible for:

- Attending 30 hours per week from April 30 – May 25, 2018.
- Completing weekly journal assignments
- Keeping in contact with an ND Faculty Mentor
- Completing a weekly time sheet
- Creating a final presentation for their project and submitting a reflection paper
- Presenting their project at the Senior Experience Fair

I am aware that the Senior Experience Project is Pass/Fail, and a student will not receive a diploma if he/she signs up to complete a project and fails to do so. Acceptance into the Senior Experience program is based upon good attendance, punctuality, minimum of a 2.0 GPA, clean discipline record and passing grades in all classes. Students are selected by the Senior Experience Committee after completing and submitting the entire application packet. I have read and agree to all of these terms of this authorization. I hereby acknowledge my child's full participation in the Senior Experience Program. Furthermore, I hereby acknowledge that my child may be interning/volunteering in a location where Virtus training or background checks according to the Diocese of Bridgeport's Safe Environments protocols are not required. I also understand that tuition and fees must be paid in full prior to my child beginning the Senior Experience program.

By signing this form, I acknowledge and give permission to my child to participate in the Senior Experience Project and do hereby forever release, discharge, forgive and hold harmless Notre Dame, its employees, its directors, its representatives, its agents, its insurers, its affiliated organizations, including but not limited to the Bridgeport Roman Catholic Diocesan Corporation from any and all claims suits, actions, causes of action, damages, demands or liabilities, including known and unknown claims, now existing or hereafter arising, in law, equity or otherwise, that might directly or indirectly result from participation in this program.

Parent's Signature _____ Date _____

Please Print Name _____