Intern Name _____ Agency _____

The following items must be discussed between the worksite mentor and the intern.

Email completed checklist to MTC Intern Coordinator at <u>InternCoordinator@bayareametro.gov</u> <u>AND</u> Denise Berry at Pathways for Students at <u>denise@pathwaysforstudents.org</u>

Work Expectations:

0	☐ Review of job duties and expectations
0	Review of Meal and Rest Periods, Proper Timecard Completion, required forms
0	Hours of work:
0	☐ Who to contact at the Agency (name/ph #):
	 In case of absence In case of late arrival
0	$egin{array}{llllllllllllllllllllllllllllllllllll$
0	☐ Off-site work standards
0	Dress code
0	□ Parking & transportation (includes MTC's H.S. Internship Non-Driving Policy)
0	Other:
Safe r	
_	Building Emergency procedures and location of First Aid/Fire Extinguishers
L	▲ Intern family member/guardian to contact in case of Emergency (name/ph #):
[☐ Who to contact at Agency in case of Emergency or Safety Hazard (name/ph #):
	 i.e., in case of injury, fire, toxic odors
0	$egin{array}{llllllllllllllllllllllllllllllllllll$
0	${\sf I}$ Reporting procedures of Injuries & Illness while on the job
	Supervisor will immediately contact:
	Pathways: Denise Berry at 510-464-8080 (ofc) 510-410-2696 (cell) AND MTC: Intern Coordinator 415-778-5207 (direct phone)

MTC High School Summer Internship Mentor – Intern Checklist

Intern Name _____ Agency _____

Other:

Agency's Sexual harassment policy

Agency specific policies/guidelines (list):

We have thoroughly discussed these items and have reached a mutual agreement regarding work expectations, safety procedures, and harassment in the workplace.

Work Site Mentor Signature

Date

Date

Name of Work Site Mentor (Printed)

Intern Signature

Name of Intern (Printed)