



## SULLIVAN COUNTY POLICIES AND PROCEDURES

### I. **SUBJECT:** JOB SHADOWING AND INTERNSHIP POLICIES AND PROCEDURES

### II. **ISSUED:** \_\_\_\_\_, 2022

### III. **PURPOSE:**

It is the purpose of this policy to facilitate the offering of paid, unpaid or credit-based job shadowing and internship opportunities for high school and college students. To allow for students to obtain a consistent experience, it is expected that County departments follow this policy and offer each student the information encompassed in this policy as well as exposure that is distinctive to the department.

Internships and job shadowing provide students with short-term exposure to career opportunities. This exposure illustrates how local government functions and how the County's systems relate across departments and into the community. Meaningful involvement includes a commitment of a designated number of hours per session per student with the goal being the understanding of the skills involved.

Students involved in the unpaid experiences are in no way considered staff members of Sullivan County and consequently shall not be entitled to any wages, rights, or benefits of staff members, with the exception of workman's compensation. Students shall not represent themselves as staff members internally or to the public. Students will not displace regular County workers, but will work under close supervision of existing staff. Students are not automatically entitled to employment at the end of the experience. The experience should be of a fixed duration, established prior to the start date and coordinated through Human Resources.

### IV. **DEFINITIONS:**

A. **Job Shadow:** An unpaid, short-term activity offered by a department which provides a student the opportunity to follow or "shadow" designated staff throughout their work day, providing insight on the duties and skills of the position and information on career tracks with some degree of hands on activity, if possible. Job shadowing experiences would involve one or more contact sessions with a typical time commitment of one day or less.

B. **Internship:** An internship is an opportunity created by a department to provide on-the-job practice, done either in conjunction with a high school or college. Academic credit may be earned. These internships may be paid or unpaid and are typically for longer periods of time (a semester or scheduled intervals of time over the summer or winter months). Internships are developed to provide guidance, supervision and an evaluation of a young person's work abilities or interests. This should be a meaningful

and worthwhile experience for the student involving thoughtful preparation and interest in the student's involvement. It should also address a need within the Department that can be met through the activities of the student, therefore, providing a mutually beneficial experience. The following activities alone would not be considered effective internship activities if they are the sole activity completed and do not result in a completed project: copying, filing, and/or data entry.

**C. Application:** All students will be required to complete an application prior to the start date of the internship or job shadow experience. In addition to the application, a **student information form** must be completed, which reflects areas of interests, future goals, and availability in order to allow a meaningful match to be provided for both the Department and the student.

## **V. PROCEDURES:**

Students interested in participating in either job shadowing or an internship will complete an application through the County Employment Portal.

The Department Head/Department Supervisor is the person designated to oversee job shadowing/interns within the Department, and is noted hereafter as the Department Designee.

1. Completed applications will be sent to the Department Designee for review and determination of opportunity/availability. The Department Designee will review applications to determine site possibilities.
2. Approval for involvement must be given by the Department Head to Human Resources for determination of dates (start-end) and scheduling of integrating into the organization.
3. After Departmental approval and prior to the start date, students below 18 years of age **must** complete the **Student Permission Form**. This form is to be kept on file in a secure location with the hosting Department. This form is provided with this policy.
4. The Department Designee will set up an initial meeting with the student and arrange for subsequent visits.
5. The Department Designee will determine which members of the Department will participate in the experience.
6. The Department Designee will determine if computer access is needed and will submit a New User Form request to the Information Technology Services for access.
7. The Department Designee will ensure that all steps noted in the Student Orientation form as listed in this policy are completed.
8. The Department Designee will ensure that the student is offered a meaningful experience during their time with the department and address any issues that arise.
9. After the shadow or intern experience is complete, the Department member(s) directly involved with the student will complete a Site Evaluation of the experience and submit it to Human Resources. A sample Site Evaluation form is provided within this policy for use if an equivalent Site Evaluation has not been provided from a designated high school or college.

10. The student will complete pertinent evaluation forms of the experience to determine the effectiveness of the match and will submit all paperwork to Human Resources. A sample Student Evaluation form is provided within this policy for use if an equivalent Student Evaluation has not been provided from a designated high school or college.

11. Evaluations will be reviewed as submitted to the Department Designee. Feedback on evaluations will be shared with Department members(s) directly involved with students prior to delivery to Human Resources.

12. All completed reporting and application information will be retained in line with record retention requirements.

### **Department Orientation:**

It is the responsibility of the Department Designee to ensure completion of the following orientation. Internship orientation must include the information listed below. Job shadowing orientation may be abbreviated (with Human Resources approval) due to time limited involvement.

1. Ensure all student information is complete and on file.
2. Review departmental goals, objectives, purpose and mission.
3. Review departmental policies and procedures applicable to involvement which include: confidentiality, dress code, drug free workplace, safety concerns, hazards of workplace, corporate compliance and sexual harassment.
4. Review behavioral expectations (no cell phones, etc).
5. Review absenteeism procedure.
6. Discuss specifications of the experience, roles and expectations.
7. Designation of work space.
8. Discussion of work schedule and project responsibilities.
9. Conduct departmental tour, introduction of staff
10. Identify supervisor or individual to answer any questions
11. Review equipment and regulations: copy machine, phones, phone directory, computer, fax, e-mail, internet.
12. Determine training needed prior to start date. (Sexual Harassment is required).
13. Determine if ID Card is necessary.
14. Determine if tuberculosis test is required for assigned population.
15. Conduct resource review: fire drills, first aid kits, parking, restrooms, vending machines.
16. Review of Student Evaluation form.
17. Open to questions or concerns of student.

### **Transportation by County Vehicles:**

The transportation of students by County vehicle must be previously authorized in writing by the Department Head as necessary in the conduct of County business.

**Students are not permitted to drive County Vehicles.** Parent permission (if under 18 years of age) is included in the Student Information Form with the understanding that the County assumes no responsibility for health or accident insurance.



**Student Permission Form  
for Job Shadowing and Internships**

Department: \_\_\_\_\_ Contact: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Permission (if under 18)

I give permission for \_\_\_\_\_ to participate in the job shadowing/ internship experience at the County of Sullivan. I give permission for any photos taken to be used in publicity. I understand it is my responsibility to arrange for transportation to and from the site, or assign a trusted adult to provide transportation. I also understand that in the course of the experience my child/ward may be transported by a County vehicle. I understand that the site assumes no responsibility for health or accident insurance.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian



**THIS FORM TO BE RETURNED TO HUMAN RESOURCES**

**JOB SHADOW/INTERNSHIP CHECKLIST**

Name of Student: \_\_\_\_\_  
High School/College: \_\_\_\_\_  
Department Designee: \_\_\_\_\_  
Job Shadow/Internship Period: \_\_\_\_\_

Check (✓) to note completion:

- \_\_\_\_\_ Student Information Form is complete and on file in the Department
- \_\_\_\_\_ Signed Letter of Internship opportunity
- \_\_\_\_\_ Review of goals, objectives, purpose, mission
- \_\_\_\_\_ Review of Departmental policies and procedures
- \_\_\_\_\_ Sign off on confidentiality form and others if applicable
- \_\_\_\_\_ Review of behavioral expectations and dress code
- \_\_\_\_\_ Review of absence procedure
- \_\_\_\_\_ Designate work space and project responsibilities
- \_\_\_\_\_ Review of student schedule
- \_\_\_\_\_ Departmental tour, introduction to staff
- \_\_\_\_\_ Identify supervisor or individual to answer questions
- \_\_\_\_\_ Review equipment to be used
- \_\_\_\_\_ Determine training needed if any prior to start date
- \_\_\_\_\_ Determine if access needed to computer and contact IT
- \_\_\_\_\_ Determine if ID Card is needed
- \_\_\_\_\_ Determine if TB test necessary for population encountered
- \_\_\_\_\_ Conduct resource review: fire drills, first aid kits, parking, restrooms, vending
- \_\_\_\_\_ Review of Student Evaluation
- \_\_\_\_\_ Open to discussion of concerns of student

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Department Head/Designee Signature Date

(ON APPOINTING AUTHORITY LETTERHEAD)

Student Name

Address

Re: Internship

We are pleased to provide you with this offer of an educational opportunity with the County of Sullivan, Department of XXXXXXXX. The approximate start date and time line that the student intern and the (appointing authority) agreed upon to complete the required educational hours is tentatively slated to begin on (START DATE) with an approximate completion date of (DATE).

To be clear, this is an unpaid educational opportunity, through an agreement with your educational institution. It is our understanding that \_\_\_\_\_ is providing the student intern with college credits upon successful completion of the required hours ( # of hours required) with the agreed upon location of the work assignment at\_\_\_\_\_.

The student intern understands that during this educational opportunity he/she is expected to:

- Adhere to County of Sullivan policies, procedures and training requirements including policies governing the observation of confidentiality and the handling of confidential information.
- Understand that this internship provides training that would otherwise be given in an educational environment.
- Understand that the work completed is considered complementary to their education as it is designed to provide significant educational benefits to them.

Both parties agree and understand that the internship is conducted without entitlement to a paid position at the internship's completion.

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Appointing Authority Signature

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Student Intern Signature

### ***STUDENT INFORMATION FORM***

Last Name:		First Name:	
High School/College:		Grade/Year:	
Address:			
City:		Zip:	
Home Phone:		Cell Phone:	
E-mail Address:			
I am interested in:    Job Shadowing <input type="checkbox"/> Internship <input type="checkbox"/> Duration:			
Will you be earning class credit for this experience?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
List the areas of work you are interested in:			
If we are able to provide an option, please provide a location preference:			
Please note your availability and list actual times if possible:			
Do you have any special concerns, requests, or accommodation needs?			
How do you hope this experience will benefit you?			
Please provide information you believe will be helpful in coordinating your opportunity, for example, scheduling conflicts, and extra-curricular activities).			
Your experience will be arranged for a time that is convenient for the person who will supervise you and will be during that person's normal business hours. Signing below indicates that you understand the following statements:			
<input type="checkbox"/> I promise to abide by all policies and procedures as explained.			
<input type="checkbox"/> I promise to be on time for all activities and take an active role in this experience.			
_____ Signature of Student		_____ Date	



### **Job Shadow/Internship Evaluation by Site Contact**

Person Completing Form:	Student(s):
Name of Worksite:	Date(s) of Experience:
Type of Career(s) of Shadow/Internship:	
Was the student(s) behavior and dress appropriate? <i>Please explain.</i>	
What activities did the student(s) participate in?	
What did you learn from working with the student(s)?	
What did you enjoy about working with the student(s)? Did you see a benefit to yourself or the student(s)?	
What would you recommend to enhance the process of working with the student(s) from your purview?	
Would you be open to working with students in the future? Why or why not?	
What suggestions do you have to make this experience better?	
Comments:	





### Job Shadow/Internship Evaluation by Student

Name:	Education Level:
Name of Worksite(s):	Date(s) of Experience:
Name and Title of Contact Person:	Type of Career/Internship:
Please describe the activities you participated in.	
Please describe anything that surprised you about this experience.	
Please answer the following questions using a scale of 1 to 5, <b>1</b> being the <b>lowest</b> and <b>5</b> being the <b>highest</b> :	
Please rate your knowledge of this career field <b>before</b> this experience.	1      2      3      4      5
Please rate your knowledge of this career field <b>after</b> this experience.	1      2      3      4      5
Overall, how valuable was this experience?	1      2      3      4      5
What did you enjoy most about your experience?	
Was there anything you would change about your experience?	
Please describe whether your future career plans were changed or reinforced by this experience?	
Would you recommend this type of experience to other students? Why or why not?	
Would you be interested in another opportunity to learn about another career field?      If yes, what field and when would you be interested in getting started?	