

College Internship Program

Summer 2024

Program:

June 3, 2024 -
August 16, 2024

Applications

DUE by:

May 3, 2024

No exceptions made for late applications.
Placements limited-first come, first served basis.

Who is Eligible: Stockbridge-Munsee members enrolled in a part-time or full-time College or University.

Must have completed at least 12 credits with a minimum cumulative GPA of 2.0

The College Internship Program gives Undergraduate students practical work experience while gaining skills and building networks with potential employers.

Applications available at
Stockbridge-Munsee
Education and Career Services
Office (located at Konkapot)
or online at Mohican.com

With questions or to turn in applications, please contact:

Diane Burr - Career Advisor

Diane.burr@mohican-nsn.gov

(phone) 715-793-4353 // (fax) 715-253-2436

Education and Career Services

W12635 Co Rd A - P.O. Box 70 - Bowler WI 54416

Students!!

Want to get paid this summer?

College Internship Program is offering \$20/hour up to 200 hours this sum-



Education and Career Services

Stockbridge-Munsee Community

P. O. Box 70

W12635 County Rd A

Bowler, Wisconsin 54416

Phone: 715-793-4353 Fax: 715-253-2436

<https://www.mohican.com/education-and-career-services/>



COLLEGE INTERNSHIP APPLICATION: Summer 2024

Application Checklist

- Completed and Signed Application Form
- Proof of Stockbridge-Munsee Enrollment
- Recent resume including school and professional experiences
(For assistance, contact the Career Advisor through email, phone call, or visit Konkapot Lodge)
- Personal Statement: Your major and what your career goals are for your future in that field
(2-3 paragraphs, typed, double spaced, size 12 font, Times New Roman)
- Most recent semester's College/ University transcript or grade report
- Copy upcoming class schedule
- Drug Screening Release Form
- Medical Release Form

The College Internship is a PAID summer program. (\$20/hour for the year 2024)

STATEMENT OF PURPOSE

Stockbridge-Munsee Community supports training programs allowing for hands-on, job specific training opportunities. Students who pursue internships during their undergraduate years are better prepared to enter the job market after graduation. During these “on the job” training opportunities, student learners gain skills beyond the classroom and begin learning how to apply classroom knowledge, work as members of a team and apply specialized skills in technical fields. More important, student interns become familiar with the real world of work as they network and make contact with potential employers and professionals in their desired fields.

ELIGIBILITY

Stockbridge-Munsee enrolled members must be enrolled full-time in an accredited/ certified institution are eligible to apply for an internship placement.

- Applicants must have a **minimum GPA of 2.0**
- The **earliest** a student may intern is **after completing at least 12 credits;**

SUBMITTING YOUR APPLICATION

This application form along with all required documents must be submitted to the Career Advisor or dropped off at the Konkapot Lodge by **Friday, May 3, 2024, at 3 PM** to be considered a complete application. A completed application includes all items listed in the “Application Checklist” found at the top of this page.

Applications missing any of the above materials WILL NOT be considered for an internship placement if the deadline has passed.

COLLEGE INTERNSHIP APPLICATION

1. STUDENT INFORMATION

| | | | | |
|----------------|----|-----------|-------|-------------|
| First Name | MI | Last Name | DOB | Student ID# |
| Street Address | | City | State | Zip Code |
| Primary Phone | | | | |

2. EMERGENCY CONTACT

In case of emergency, notify:

| | | | |
|---------|---------------|----------------|-------------|
| Name: | Relationship: | Primary Phone: | Work Phone: |
| Address | | City: | State: |
| | | Zip Code | |

3. ACADEMIC INFORMATION

| | | | | |
|--|------------------------------|---------------------------|--------|------|
| College/ University Attending: | College/ University Address: | City: | State: | Zip: |
| College/ University Phone #: | Declared Major/ Minor | Expected Graduation Date: | | |
| Please indicate what grade level you will be in for the upcoming semester: | | | | |
| <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate/ Professional | | | | |

4. EMPLOYMENT/ HISTORY (please include past and present employment. Attach additional pages if necessary)

| | | | |
|----------------------------------|--------------|----------|--------------------|
| Employer/Company Name | Phone Number | Address | |
| Job Title | Start Date | End Date | Reason for Leaving |
| List duties and responsibilities | | | |

| | | | |
|----------------------------------|--------------|----------|--------------------|
| Employer/Company Name | Phone Number | Address | |
| Job Title | Start Date | End Date | Reason for Leaving |
| List duties and responsibilities | | | |

| | | | |
|----------------------------------|--------------|----------|--------------------|
| Employer/Company Name | Phone Number | Address | |
| Job Title | Start Date | End Date | Reason for Leaving |
| List duties and responsibilities | | | |

I certify that the information on this form is true and correct. I authorize the Education and Career Services Department to process my application, including supporting documents and verify the information contained in it. I further release other parties, including schools and governmental programs, to provide requested information to the Stockbridge-Munsee Education and Career Services Department so it may process my application. I understand that the falsification or material omission of information shall be grounds for the denial of services and may result in legal action against me. I agree to abide by the program requirements outlined in the Stockbridge-Munsee Education and Career Services Program's Handbook in relation to services provide based on my application and understand that I may have appeal rights under that Handbook.

| | | | |
|--------------------|------|--------------------------------------|------|
| Customer Signature | Date | Career Services Specialist Signature | Date |
|--------------------|------|--------------------------------------|------|



Education and Career Services
 Stockbridge-Munsee Community
 P. O. Box 70
 W12635 County Rd A
 Bowler Wisconsin 54416
 Phone: 715-793-4353 Fax: 715-253-2436



COLLEGE INTERNSHIP AGREEMENT

I AGREE TO:

___ Follow all expectations, policies, and procedures at my internship.

___ Follow all Internship Program rules and regulations.

*Attend skill building workshops as described in Employability Development Plan (EDP) prior to starting Internship hours.

*Must have own ride/transportation to and from workshops and Internship placements.

*Understand this is a **paid** internship, and as part of the program **ALL** training logs **MUST** be signed and turned in every **Friday by 3:00pm** or risk delay in payment.

*College Internship Program ends when 200 hours are complete or by August 16, 2024, whichever comes first.

___ Attend work as scheduled.

*Call **Immediate Supervisor** and **Diane Burr at 715-793-4353** (leave a message if no one answers) if you need to change your schedule, if you are not going to be at your internship during a scheduled time, or if you must leave your internship earlier than scheduled.

___ Not use drugs or alcohol products while participating in the program.

___ Show respect to my elders and others in the workplace.


___ Read, understand and follow the Employability Skill Building Matrix provided on the back of this page.

AFFIRM

I affirm the agreements above and I also realize that my failure to follow the rules explained to me in my orientation and training will result in my immediate dismissal from the College Internship Program.

| | |
|---------------------|------|
| Students' Signature | Date |
|---------------------|------|

Routines 

Expectations 

Respect

Responsibility

Problem Solver

| Skill Building Workshops | Internship Site | Internship Training Time | When finished Training | Communication | Attendance |
|--|--|---|--|---|---|
| <ul style="list-style-type: none"> -Be reliable and prompt when setting up workshops - Be focused and ready to learn -Appreciate the value of diverse opinions | <ul style="list-style-type: none"> -Treat all others at placement appropriately -Follow Dress Code and practice appropriate personal hygiene | <ul style="list-style-type: none"> -Be honest -Be aware of personal space - Ask permission to use things -Work cooperatively | <ul style="list-style-type: none"> -Stay at internship until your supervisor dismisses you. -Thou shall not steal items from the training site. | <ul style="list-style-type: none"> -Use a reasonable voice volume. -Use appropriate language and behavior with others -Listen politely -Positive attitude in regards to all communication | <ul style="list-style-type: none"> -Plan to be at internship 15 minutes before scheduled time -Be ready to participate |
| <ul style="list-style-type: none"> -Follow directions -Make good choices -Accept consequences -Listen, watch, and learn -Use body basics -All cell phones are to be turned off and put away during workshops | <ul style="list-style-type: none"> -Know and follow directions, rules, core values, and expectations -Stay in assigned areas -Use furniture and supplies appropriately | <ul style="list-style-type: none"> -Help others and seek assistance when needed -Strive to meet quality standards -Do your best -Report problems -Use equipment properly | <ul style="list-style-type: none"> -Inform supervisor when daily hours are complete. -Get Training Log signed by supervisor and turned into education office by 3:00pm every Friday. | <ul style="list-style-type: none"> -Greet supervisor and all others with a friendly greeting and smile -Respond positively when spoken to -All cell phones are to be turned off and put away while at internship. -Ask appropriately for assistance if needed | <ul style="list-style-type: none"> -Notify supervisor and program if you are going to be late or are sick -Work the entire scheduled time as directed in designated area -Inform supervisor and program if you must leave internship early |
| <ul style="list-style-type: none"> -Avoid negative behaviors -Move away from others making poor choices -Encourage others and show positive sportsmanship | <ul style="list-style-type: none"> - <u>S</u>top - <u>T</u>hink - <u>O</u>ffer Solution - <u>P</u>ut into Practice -Participate fully in project and take initiative for next task upon task completion | <ul style="list-style-type: none"> - Focus on your own business -Manage time efficiently -Move away from conflict or distractions | <ul style="list-style-type: none"> -Return equipment to the appropriate place -Keep work area clean and free of debris | <ul style="list-style-type: none"> -Ask for help if needed -Be an advocate for your learning/training needs -Inform others of expectations civic responsibility -Speak clearly and communicate effectively. | <ul style="list-style-type: none"> -Plan -Prepare -Be ready |



Stockbridge-Munsee Education Medical Release Form

Name _____ Gender _____ Date of Birth _____ Today's Date _____

Address _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Parent Cell Phone _____ Youth Cell Phone _____

Mother's Name _____ Mom Employer Name - Employer Phone _____ and Mom Home Phone _____

Dad's Name _____ Dad's Employer Name— Employer Phone _____ and Dad Home Phone _____

Emergency Phone Contact Number#1 - relationship _____ Work Phone _____ Home Phone _____

Emergency Phone Contact Number #2 - relationship _____ Work Phone _____ Home Phone _____

Doctor Name and phone number: _____

Are there special requirements legal or otherwise that you would like to inform staff of:

Any medical or health concerns we need to be aware of? (example, diabetes, allergies, etc.) _____

Consent: In the event of sudden illness or injury, permission is granted to obtain appropriate medical care. I do not hold the Stockbridge-Munsee Community or Stockbridge-Munsee (S/M) Education and Career Services responsible for any injuries that may occur while participating in the program. I also give the S/M Education and Career Services staff permission to act in loco parentis to seek medical attention if needed as the result of participating in the program. I understand and agree to obey all S/M Education and Career Services rules and model safe admirable behavior.

Participant Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

(if youth is younger than 18 years of age)



Stockbridge-Munsee Community

Diane Burr, BS
Career Advisor
Telephone: (715) 793-4353
Fax: (715) 253-2436

KONKAPOT
PO Box 70
W12635 County Road A, Room 107
Bowler, WI 54416

Internship Program Summer 2024

Drug Screening Process

Notice of Permission

I (name) _____

Social Security Number: _____ - ____ - _____

Have the intent to sign up to work in the Stockbridge-Munsee Summer Internship Program. I further understand that a pre-employment drug test will be administered by the Stockbridge-Munsee Health Clinic staff. I understand that a negative result on the drug test must be received. If there is any other result, I will not be selected to participate in the Summer Intern Work Program.

Please check one of the below options:

- I am 18 years of age or older and consent to drug screening
- I am younger than 18 years of age and my parent (name) _____ has given permission for me to drug screen in order to work in the Stockbridge-Munsee Summer Intern Program.

Applicant Signature

Parent Signature (if required)

Date

Date