



Schools to Work and Career Capstone Experience

We the undersigned agree to abide by the conditions and procedures of the Marshall County Schools to Work and Career Capstone Experience and any specific requirements of the selected goal. The undersigned agree to waive any liability of the Marshall County Board of Education, its employees or agents, and to indemnify and hold harmless the Board and its employees for any injury or damages of any kind which might occur, whether to themselves or to others, while the student is participating in the Capstone Experience. The school reserves the right to contact any of the responsible parties to confirm the student's progress.

Types of Service: 100 hours minimum

Service may include completing a senior project, virtual enterprise, working as an intern, work based learning, service learning, career exploration through job shadowing, or Principal approved Capstone experience. Students may choose to compile 100 hours through serving in one of these categories, or may serve in multiple categories to accumulate the required 100 hours.

We understand that this credit can not be applied towards graduation requirements.

- Sections I and II must be complete and returned before participation may begin.
- Section III will be completed at the end of the semester.

I. Student & Parent/Guardian Information:

Student Name: _____

Parent/Guardian Name & Address: _____

Home Phone: _____ Cell Phone: _____

I understand that the student is responsible for setting up all Capstone locations, for keeping track of hours served, and for fulfilling the commitment made through the SWCCE Program. I also understand that it is the responsibility of the student and parent/guardian to provide reliable transportation from school to the service location. Students who are enrolled in the SWCCE Program are not allowed to ride the bus in the afternoon once released.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

II. Capstone Commitments:

By signing below, I agree to allow the above named student to serve under my supervision for the SWCCE Program. I understand that it is the responsibility of the student and supervisor to keep track of the hours served.

Capstone Location: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Supervisor's Signature: _____ Date: _____

Capstone Location: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Supervisor's Signature: _____ Date: _____

Capstone Location: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Supervisor's Signature: _____ Date: _____

III. Proof of Capstone Completion:

I understand that by signing below I am confirming that the above named student served under my supervision for the SWCCE Program and that he/she fulfilled their agreed upon service commitment. I agree that the student served the number of hours stated on this form.

Capstone Supervisor Signature: _____ Hours Served: _____

Capstone Supervisor Signature: _____ Hours Served: _____

Capstone Supervisor Signature: _____ Hours Served: _____

Capstone Teacher Signature: _____ Hours Served: _____

Student Signature: _____ Hours Served: _____