



# Summer Internship Program

**This is a free opportunity offered to Wayne County Students ready to explore the working world!**

The Summer Internship Program will focus on five areas of vocational training and work. These areas are: Job Exploration, work-based learning, workplace readiness, post-secondary education and self-advocacy. These will consist of possibly paid and non-paid opportunities.

Each student will be working at their own pace and schedule. Students are not required to attend every day and it will not impact their experience.

Staffing will be provided to ensure health and safety as well as a positive experience for all that attend.

**Details:** The camp will be held at Ida Sue School, 266 Oldman Rd, Wooster, OH 44691

- 🐞 The dates of the camp are June 6<sup>th</sup> – June 30<sup>th</sup>
  - Monday – Thursday 8:15am – 1pm
  - The county board will attempt to provide transportation to and from the building as well as to work sites. In past years we have been able to accommodate most routes but please understand that there may be certain locations where this may not be possible. The transition team will work with these families to find alternative options.
  - This also includes a lunch \*Feel free to pack/bring your own lunch if preferred
- 🐞 The program will continue through July for those who can provide their own transportation
  - July 11<sup>th</sup> – July 29<sup>th</sup>
  - Monday – Thursday 9am – 3pm \*Feel free to come in at any time

**Last summer our students worked at 11 different businesses! If you want to see some of what they did, take a peek at our Instagram page:**

**<https://www.instagram.com/waynecbdd/>**

If you have any questions/concerns please feel free to contact:

Ken Kelly: 330.345.6016 ext. 245; [kkelly@waynedd.org](mailto:kkelly@waynedd.org)

Patrick Johns: 330.345.6016 ext. 255 [pjohns@waynedd.org](mailto:pjohns@waynedd.org)

If you would like your student to attend this form will need to be returned by **April 8<sup>th</sup>** along with an Emergency Medical Form.

I would like \_\_\_\_\_ to attend.

(Name of Individual)



June



July



Both

Guardian Name (Print) \_\_\_\_\_

Guardian x \_\_\_\_\_

Date x \_\_\_\_\_

Contact info:

Phone # \_\_\_\_\_

Email \_\_\_\_\_

**\*\*Summer Program dependent upon insuring health and safety based on Health dept. recommendations\*\***