

"Building a Bridge Between School and the World of Work."

Internship Application Form

Please be sure to complete each line of the application. Incomplete forms may lead to the student being denied admission to the program. Please return completed from to; either your guidance counselor or, Mr. McPhee, room 317.

Section I

Last Name			First Name		MI
Home Phone	2	Y	our e-mail		
Your Parents	s e-mail				
Address			Apt. #	City _	
State	Zip Code		Student ID #		
Grade	Sex	Age	Birth Date		_Cell
Working pape	ers are required fo	or this course	. Do you have them now	? Yes	No
them here	·		hysical disabilities or lear		imodations, please list
Activities:	Athletic				
	School				
	Religious				
	Community				

Section II

Family Background

Please list the name/s of your parents or guardians. If you	are living with a legal guardian, pleas	e
indicate the relationship. (Grandmother, Brother, etc.)		
		_
Legal Guardian's phone number at work		
e-mail address		
Emergency Contact Phone		
It is a requirement of this course that you provide your own tran	nsportation to and from the internship site	
Driver's license: YES NO If no, when will you	get it?	
Transportation available: YES NO		
Parent or guardian's signature indicating that the need for	working papers and transportation is	
understood and will be provided.		
x		
Parent or Guardian Signature		
Section III		
Guidance Counselor	<u></u>	
Current Homeroom Teacher	RM #	
Will you be employed during your internship? YES	NO	
Employer's Name and Phone Number		
Days & Hours Scheduled		

What other courses do you plan to take next year?	
Please indicate, in order of preference, the types of careers you	u wish to explore during your
internship.	
1	
2	
3	
Which semester do you prefer for your internship? Circle one	: Fall / Spring / No preference
If you have a preference, why?	
Do you have an internship site in mind? Yes / No	
If yes, where?	
Contact person	Phone
Relationship to intern	
How did you learn about the Career Exploration Internship Pro	ogram?
Why do you want to participate in this program?	
What do you feel will be the personal benefit to you as a partic	cipant?
William and the state of the st	/Madina /Dani
Which would you prefer to work with? Circle one: My hands	-
Given the opportunity to work for any company in this area, w	hich company would you choose?
What do you plan to do after graduation?	

I have selecte	d two Kenmore West teachers and one person from outside school (employer,		
volunteer coo	rdinator if applicable) to complete a recommendation for me:		
1	(KW Teacher)		
2	(KW Teacher)		
3	(Employer / Volunteer Coordinator)		
for this progra	eted the application form, after careful consideration and thought. If I am accepted am, I will take advantage of every opportunity that will improve my skills and both the classroom and the world of work.		
Date	Applicant's Signature		
Date	Parent/Guardian Signature		
Date	Counselor's Signature		

RETURN THIS COMPLETED APPLICATION TO EITHER YOUR GUIDANCE COUNSELOR OR MR. McPHEE IN ROOM 317.

Have each of your three references complete a recommendation form and return it to:

Mr. Randal McPhee Kenmore West Senior High School, Room 317 33 Highland Parkway Buffalo, NY 14223