

Nebo School District Student Internship Application

High School: _____

Student Cell Phone: _____

Contact Information

Name _____ Graduating Class (year): _____

Address _____ Home Phone _____ Birth Date _____

Parent _____ Profession/Employer _____ Work Phone _____

Parent _____ Profession/Employer _____ Work Phone _____

Career Interest

Career Goal (CCRP) _____
List three companies where you would like to intern:

1. _____

2. _____

3. _____

Do you have a personal contact in this field that might be helpful?

Name _____ Phone _____

Related CTE Classes Taken

1.

2.

3.

Which teacher would give you a recommendation?

This application is for

First Semester

A day

or

Second Semester

B day

1 2 3 4 5

I understand that I *must have access to a car or other transportation* to and from my workplace. Auto insurance is required on any car driven by the student. It is the responsibility of the parent(s) to determine the method of transportation and all applicable insurances.

I understand that the Hepatitis B Vaccination series, TB test, and a flu shot are required of all interns placed in a hospital setting.

I understand that completion of the Canvas course: Workplace Skills is required to receive credit.

If selected for this program, I will take full advantage of every learning opportunity. I will be an excellent representative of my family and my school.

Student Signature _____ Date: _____

Office Only Use (do not write below this line):

Intern Coordinator Notes:

Company _____ Mentor _____

Class Period(s) _____

Date Student Notified _____ Date Student Scheduled in Aspire _____