



Summer Internship Application

June 6th thru July 29th 2022

Description

This paid internship offers the student intern hands-on opportunities and valuable experiences that makes them a stronger candidate for the workplace after graduation.

Student interns are expected to:

- Be punctual and dress appropriately,
- Be courteous and respectful,
- Be open to learning and mentorship,
- Be willing to ask questions/ask for help,
- Honor employer's values and follow all company rules,
- Complete tasks and projects on time.

General Information

1. First Name: _____ Last Name _____

2. School: _____ Grade: _____

3. Anticipated Year of Graduation: _____

4. Age _____ Birthdate (MM/DD/YY) _____

5. Are you attending summer school?

YES

NO

6. Are you currently employed?

No

Yes → If yes: Where? _____ For how long? _____

Will you continue with your current job if awarded an Internship? ___YES ___NO

6. Have you participated in an Internship Program previously?

No

Yes → If yes: Where? _____ Mentor: _____

7. Have you earned any certifications that are recognized by employers (For example: OSHA 10, Certified Nursing Assistant, CPR)?

No

Yes → If yes: Which ones? _____

I don't know

8. How will you get to the Internship Site? (Transportation is required): _____

Demographics

We collect basic information on our interns for a better understanding of our program. This information will only be reported in the aggregate (as a group total, not for individuals) and never with your name attached. Thanks for taking a minute to help us out.

11. How do you identify?

- Female Male Nonbinary/other

12. How do you identify? Check all that apply.

- African American or Black
 Asian
 Hispanic, Latino, or Mexican
 Native American
 White
 Other: _____

Student's Personal Contact Information

Cell Phone Number: _____ Home Phone: _____

Email Address: _____

Home/Mailing Address: _____

Interests, Academic Information and Skills

Please rank the top 2 areas you would most like to participate in.

__Administrative Offices

__Animal Shelter

__Public Works Department

__Older American Program

__ IT & Social Media

Please rate your skills in the following areas on a scale from 1 to 5 (1-I do not have that skill, 2-I have had some exposure but am not proficient, 3-I have an average level of ability compared with my peers, 4-I am better than average, 5-I am among the top in my class in that area):

Computer skills (Word, Excel, Outlook, PowerPoint, Google Docs)	1	2	3	4	5
Computer Coding skills	1	2	3	4	5
Writing and research skills	1	2	3	4	5
Customer Service Skills—verbal communication	1	2	3	4	5
On-time, reliable, dependable	1	2	3	4	5
Ability to plan and organize	1	2	3	4	5

Preferred Work Schedule

AM PM

Please circle one

REQUIREMENTS FOR PARTICIPATION

We Require:

To be eligible for this internship program you must meet the following minimum requirements:

- ✓ Able to attend internship 12+ hours per week for 8 weeks (must have own transportation)
- ✓ Able to work in the U.S. (16 years of age or must have a valid work permit)

Signature of Applicant

Date

Guardian Permission

This section must be completed by a parent or legal guardian if the student is under the age of 18.

I, _____, give permission for my child to participate in the internship program. I understand that my child must provide her/his own transportation to the work site. In the event I cannot be reached for an emergency, I give permission to Future Focused Education to secure proper treatment for my child. I agree to waive and release any and all rights that I, my child, or our representatives may have to make claim against the Future Focused Education, or their respective officers, employees, or representatives arising from injury or damages, including attorney’s fees, that may result from my child’s participation in the internship program. I further agree to indemnify and hold harmless the public schools or their respective officers, employees, or representatives from any claims, including attorney’s fees, which I or my child might make or which might be made on my or our behalf by others, or which might be made against me or my child by others, arising from my child’s participation in the internship program.

Signature of Parent/Guardian

Date

Daytime telephone number: _____

In case of emergency, contact: _____

Telephone for emergency contact: _____