

Alamance Burlington School System offers educational programs without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability, or gender, except where exemption is appropriate and allowed by law.

## Western Alamance High School INTERNSHIP APPLICATION

### I. Student Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
School \_\_\_\_\_

Current Grade (check one) \_\_\_11<sup>th</sup> \_\_\_12<sup>th</sup> Home Phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parents or Guardians' Names that you live with:

Mother/Step-Mother/Guardian's Name \_\_\_\_\_

Her Employer and Work or Cellular Number \_\_\_\_\_

Father/Step-Father/Guardian's Name \_\_\_\_\_

His Employer and Work or Cellular Number \_\_\_\_\_

Career Plans: What is your specific career goal?

\_\_\_\_\_  
\_\_\_\_\_

Plans after high school (check **one**): \_\_\_Enter workforce \_\_\_Attend Community College \_\_\_Attend 4 year college/university \_\_\_

Join the Military \_\_\_ Other(explain) \_\_\_\_\_

### II. Internship Request

1. Is there a **specific location**\*\* you would like to request for a possible internship site? If so, give name, address, phone, contact name. If there is no specific location, indicate "NONE." \_\_\_\_\_

\_\_\_\_\_  
(\*\*Sites must be approved by Alamance Burlington School System Internship Program).

2. List courses you have taken or currently taking that relate to the internship request area. \_\_\_\_\_

- \_\_\_\_\_  
\_\_\_\_\_  
• Just as with any course, requests for a particular semester **cannot be** guaranteed but will be accommodated when possible. If you would like to request a certain semester, please indicate below and give your reason. \_\_\_Fall \_\_\_Spring  
Reason: \_\_\_\_\_
- Some internships may have special requirements established by a particular sponsors or site which may involve expense that would be the interns responsibility (TB test, criminal background checks, health physicals, proof of medical coverage, gas to internship daily, etc.)

**Please discuss this or any other concerns you may have with the Career Development Coordinator  
@ 336-438-4000 x 40026 before the application is submitted.**

I give my child permission to apply for an internship. If he/she is selected, I will give encouragement, reinforcement, and assistance in this educational experience.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Signature of Student

**COMPLETING AN APPLICATION DOES NOT GUARANTEE PLACEMENT**

# Western Alamance High School INTERNSHIP APPLICATION

Your transcript will be assessed to determine if you have **sufficient, successful** coursework related to your internship request. If you have **additional** courses other than those that will appear on your transcript, or if you have had **experiences other than school coursework** that are related to your request, please list here:

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## V. Other Information

What means of transportation would you use to get to an internship site? \_\_\_\_\_

Have you done previous shadowings or internships through Alamance Burlington Schools? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list and include grade during which you did them. \_\_\_\_\_  
\_\_\_\_\_

Will you have a part-time job, sports, or other major commitments during the time you are requesting an internship?

\_\_\_\_\_ No \_\_\_\_\_ Yes; please list. \_\_\_\_\_

## VI. Recommendations – Please read instructions carefully before distributing the teacher recommendation forms.

One purpose of this application process is to gather information about your skills in the area of your internship request. Therefore, **BOTH teacher recommendations must come from teachers who have taught you in courses that directly relate to this request.** (For example, a Computer Technology internship applicant should have teachers who have taught him/her Comp. Apps. courses, Networking courses, etc. to complete the forms.)

List the people to whom you are giving the required recommendation forms:

\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
Subject

\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
Subject

\_\_\_\_\_  
Counselor's Name

**VII. Essay -** *In your own handwriting, explain why you want to do this internship, and exactly how it will relate to your career goals.* \_\_\_\_\_

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*I understand that completing this application is the first step to determine program eligibility. I further understand that should I become eligible and be placed in an internship, I can only earn up to one credit (maximum) for the experience.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

# Western Alamance High School INTERNSHIP APPLICATION

## PARENTAL PERMISSIONS

(Please read and complete Sections I, II, and III, and sign each one.)

**NOTE:** Some internships may have special requirements established by a particular sponsor or site which involve expense that would be the intern's responsibility (i.e. TB tests, criminal background checks, volunteer shirts, proof of family medical coverage, etc.) **Please discuss this or any other concerns you may have with Stephanie Mitchener at 538-6020 before the application is submitted.**

### I. Special Needs/Situations

It is important that we are aware of any **special circumstances, needs, or conditions** related to your child which could help ensure his/her success in a potential internship. Please give any information below related to this.

\_\_\_\_\_ Not applicable                      \_\_\_\_\_ Yes; explanation below.

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**Parent's Signature** \_\_\_\_\_

### II. Consent for Release of Confidential Information Relevant to Internship Program

I hereby give permission for **Alamance Burlington School System** to provide pertinent information (summary of grades, transcript data, attendance information, discipline reports) to authorized business sponsors in an effort to develop internship opportunities for my child.

The Internship Program Coordinator will collect this information after the student application is submitted. This information will be used to determine if the student meets Internship Program eligibility requirements, as well as provide important data for sponsors as they make internship placement decisions.

I understand that this information will be shared in a confidential manner on a "need to know" basis.

Student Applicant's Name (please print) \_\_\_\_\_

Parent's Name (please print) \_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature (Student may sign if at least 18)**

\_\_\_\_\_  
**Date**

### III. Understanding of Application Process

I give permission for my child to apply for a Career Internship through Alamance Burlington School System. I have familiarized myself with the information requested in this application, and understand that submission of this application is the first step to determine program eligibility. I further understand that submission of this application does not guarantee selection or placement as an intern.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**