



Yadkin County Schools INTERNSHIP APPLICATION



Student Information

Date _____

Name _____ School _____

Current Grade: _____ Home Phone (____) _____ Cell phone (____) _____

Student Mailing Address _____

Personal E-mail address: _____ Birth Date _____

School E-mail address: _____

Parents or Guardians' Names that you live with:

Mother/Step-Mother/Guardian's Name _____

Place of employment & Contact No. _____

Father/Step-Father/Guardian's Name _____

Place of employment & Contact No. _____

Describe the type of environment or location you would to observe for your internship (be specific).

(Be specific about career area (nursing, radiology, physical therapy, elementary PE, middle school math, computer programming, lawyer)

If you are requesting a teaching internship, list grade/subject area and school: _____

If there is a specific location you would like to request for a possible internship site? List any information you can provide: Business name, address, phone number, contact person's name. I can recommend locations but cannot guarantee placement.

Are you interested in registering for the Honors Internship Credit? Yes / No / Maybe (requirements listed on website)

List courses you have taken or currently taking that relate to the internship requested area. Second level CTE course required.

Specify if there is a semester you would like to request the internship: ____ Fall ____ Spring

Reason: _____ It is your responsibility to make sure your schedule is correct

Some internships may have special requirements established by a particular sponsors or site which may involve expenses that would be the interns responsibility (i.e. TB test, criminal background check, health physical, proof of medical coverage) Please **discuss this or any other concerns you may have with Mrs. Reavis at 468-6833, ext. 208 or email at donna.reavis@yadkin.k12.nc.us 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

_____ Date

COMPLETING AN APPLICATION DOES NOT GUARANTEE PLACEMENT

Internships are subject to administration approval

Health Insurance is required (either school or personal). Discuss options with Internship Coordinator