Internship Application Checklist

Complete the following checklist before returning to TWLC

You must complete the entire application in blue or black ink and attach at least one letter of recommendation, the Teacher Recommendation form and the Participation Release form. Return the completed application to your high school career advisor by the session deadline to be considered for a personal interview. The Workplace Learning Connection Student Internship Program session schedules can be found at www.workplace-learning.org

I have attached:

☐ A letter of recommendation written by an adult I have known outside the school environment who can vouch for my character and work ethic.

☐ Completed Teacher Recommendation form.

☐ Completed Participation Release form.

☐ My application was reviewed and approved by my school advisor/ career counselor.

☐ I understand my approved application will entitle me to participate in The Workplace Learning Connection panel interviews. Final approval to participate in the internship/practicum program is based on the application and the personal interview.

☐ This application is complete and a reflection of my best writing ability.
Student Internship Program Application

Last Name _______________________________ First Name _______________________________ SSN ______________________ (OPTIONAL)

Address ___________________________________ City ___________________________________ State ________ Zip _________________

Home/Cell Phone ___________________________________________________________________________________________________________

High School ___________________________________ Date of Birth ___________________________________ Grade Level ________________

High School Phone __________________________________________________________________________________________________________

Are you a U.S. Citizen?  □ Yes  □ No/Country of Origin __________________________________________

Gender:  □ Male  □ Female

Please indicate ethnicity (OPTIONAL)

□ American Indian  □ Alaska Native  □ Asian/Pacific Islander  □ Black  □ Hispanic  □ White/Non-Hispanic

Parent/Guardian Information

Name _____________________________________________________________________________________________________________________

Address ___________________________________ City ___________________________________ State ________ Zip _________________

Home/Cell Phone __________________________________________________________________________________________________________

Are you presently under a doctor’s care? If yes, explain. ___________________________________________________________________________

Have you participated in a job shadow? If yes, where? __________________________________________________________________________

Previous internship program experience? _______________________________________________________________________________________

IEP?  □ Yes  □ No  Special accommodations? ________________________________________________________________________________

Career Edge Academy member? If yes, which academy? ____________________ Academy site: _______________________

Application Date: _____________________________  08/06
Session Requested:

- [ ] AREA 10 (Linn County) ....... [ ] Fall(90) [ ] Winter(45) [ ] Spring(90/100) [ ] Summer (45/90)
- [ ] Benton County ....... [ ] Term 1 [ ] Term 2 [ ] Term 3 [ ] Term 4
- [ ] Cedar County ....... [ ] Fall [ ] Spring [ ] Summer
- [ ] Iowa County ....... [ ] Fall [ ] Spring
- [ ] Johnson County ....... [ ] Fall (45/90) [ ] Spring (45/90) [ ] Summer (45/90)
- [ ] Washington County ....... [ ] Term 1 [ ] Term 3 [ ] Summer
- [ ] Jones County ....... [ ] Fall [ ] Spring [ ] Summer
- [ ] Upward Bound Program

Sites Requested (Intern job descriptions at www.workplace-learning.org)

Employer Name __________________________________________________________________________________________________________

Position Title _______________________________________________________________________________________________________________

Employer Name __________________________________________________________________________________________________________

Position Title _______________________________________________________________________________________________________________

Employer Name __________________________________________________________________________________________________________

Position Title _______________________________________________________________________________________________________________

Current Employment

Name of Employer __________________________________________________________________________________________________________

Name of Supervisor _________________________________________________________________________________________________________

Supervisor’s Phone __________________________________________________________________________________________________________

Current Work Schedule ______________________________________________________________________________________________________

Activities/Volunteer Involvement

List all school and community activities you are involved in and the schedules for each _____________________________________________________________

____________________________________________________________________________________________________________________________

Honors and Leadership Roles

List all honors received and leadership positions held during high school: ________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________
Student Pre-Interview Questions

1. Why do you want to participate in The Workplace Learning Connection's Student Internship Program?

2. What personal traits or special skills do you think qualify you for an internship?

3. What skills do you hope to learn during your internship? Be specific.

4. What subject areas do you most enjoy at high school?

5. The program requires you to spend a minimum of five hours per week on site for the practicum format and 10 hours per week on site for the internship format. How will you fit this commitment into your class and extra-curricular schedule?

6. What are your educational/career plans following high school? What other information would you like to share about yourself and/or your career goals?

Career advisor/school representative will complete this box

WorkKeys Scores (if available)  AM_____  AT_____  L_____  LI_____  O_____  RI_____  T_____  W_____

Student’s Current GPA _____________________________________________________________________________________________________

Number of absences from school during the most recent academic term: _______ excused _______ unexcused
Based on school’s attendance guidelines, please explain exceptional absences: ________________________________________________________________

REQUIRED: School Representative Recommendation/Comments:

Does this student have an Individualized Education Plan (IEP)? ☐ Yes ☐ No

Is this student in need of any special accommodations during their internship and if so, what are they? __________________________________________

I have reviewed and approved this complete application for consideration.

A Teacher Recommendation form, letter of reference and parent release are attached.

Signature/Date ____________________________________________________________________________________

The Workplace Learning Connection Student Internship Program provides equal opportunity to all persons regardless of age, race, creed, color, sex, national origin, or handicap. The Mission of The Workplace Learning Connection is to develop our future workforce by connecting business and education in relevant, work-based learning activities for K-12 students and teachers in Area 10.
**Teacher Recommendation**

Student

Subject(s)

This student applied for an internship through The Workplace Learning Connection. Would you please help the selection process by providing the following information about this student?

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<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs Improvement</th>
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<td>Cooperation/Teamwork</td>
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<td>Personal Appearance</td>
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Student’s Strengths / Areas for Improvement

___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________
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Other Comments

___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________
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___________________________________________________________________________________________________________________________

Signature ___________________________ Date ___________________________

Teacher’s name printed ____________________________________________________________
Parent/Guardian Information/Participation Release

Student Name ______________________________________________________________________________________________________________

High School ________________________________________________________________________________________________________________

Attendance and GPA Information

I grant permission for the high school office to release information regarding my child’s attendance and grade point average to The Workplace Learning Connection. I understand this information is required for application to and participation in TWLC Student Internship Program and that it may be shared with the supervisor at the internship work site.

Parent/Guardian Name (printed) ______________________________________________________________________________________________

Parent/Guardian Signature _______________________________________________________________________ Date ______________________

Media/Marketing Release

I agree to allow my child’s photograph, video tape or motion picture image that includes his/her name or likeness or any recording that includes his/her voice to be used in marketing materials to promote The Workplace Learning Connection. I understand that my child’s photo/image will only be used in a positive manner in publications, print advertising, promotional materials or any other medium to inform others about the career exploration activities coordinated by The Workplace Learning Connection for K-12 students throughout the Grant Wood AEA 10 region. I give my consent to have a Kirkwood Community College staff member contact my son or daughter at a future date to review their career development.

□ YES – I will allow my child’s image/comments to be used by TWLC.

□ NO – I will not allow my child’s image/comments to be used.

Parent/Guardian Signature _______________________________________________________________________ Date ______________________

Participation Release

I am the parent or guardian of the student whose name appears above and I have authority to make legal decisions for the benefit of this child. I authorize the release of my child from his/her school to attend the three career development meetings sponsored by TWLC and required by the internship/practicum programs.

I recognize that work-based learning opportunities of this nature have a risk of lost or stolen property, injury or even death during transportation to, from, on-site, and during the activities. I, on behalf of the child and for myself, waive any and all claims of liability arising from the child’s participation in this opportunity, including claims against the following parties (and their employees, contractors and volunteers): The Workplace Learning Connection, Kirkwood Community College, the school and school district that the child attends, and the employer who hosted the work-based learning opportunity.

I agree to defend, hold harmless, and indemnify The Workplace Learning Connection, Kirkwood Community College, the school and school district that the child attends, and the employer who hosted the students(s) (and their employees, contractors and volunteers) from and against any and all claims of liability that derive from claims that I or my child make against any other party arising from this work-site opportunity.

Parent/Guardian Signature _______________________________________________________________________ Date ______________________

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