



## Application Checklist

**Complete the following checklist before returning to the WLC.**

You must complete the entire application in **blue or black ink**, 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](http://www.workplace-learning.org).

- This application is complete and a reflection of my **best writing ability**.
- I have attached:
  - A **letter of recommendation**, written by a non-related adult whom I have known outside the school environment, and who can vouch for my character and work ethic.
  - Completed **Teacher Recommendation Form**.
  - Completed **Participation Release Form**.
  - My application has been **reviewed and approved** by my school advisor/career counselor.
  - I understand that 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 interview outcome.

# Student Internship/Practicum Program Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

High School \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No/Country of Origin \_\_\_\_\_

Are you a permanent U.S. Resident?  Yes  No

Gender:  Male  Female

Please indicate race (OPTIONAL)

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

## Parent/Guardian Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

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

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Are you presently under a doctor's care? If yes, explain: \_\_\_\_\_

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

Previous internship/practicum program experience? \_\_\_\_\_

IEP?  Yes  No Special accommodations? \_\_\_\_\_

Career Edge Academy member? If yes, which academy? \_\_\_\_\_ Academy site: \_\_\_\_\_

**Application Date:** \_\_\_\_\_

**Student Internship/Practicum Application Form** | Workplace Learning Connection

**Session Requested:**

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

**Sites Requested** (Intern job descriptions at [www.workplace-learning.org/internshipinfo](http://www.workplace-learning.org/internshipinfo))

Employer Name \_\_\_\_\_

Position Title \_\_\_\_\_

Employer Name \_\_\_\_\_

Position Title \_\_\_\_\_

Employer Name \_\_\_\_\_

Position Title \_\_\_\_\_

**Current/Previous Employment** (circle one)

Place of Employment \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Current Work Schedule (if applicable) \_\_\_\_\_

**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/Practicum 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/practicum? 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 extracurricular 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\_\_\_\_\_ LI\_\_\_\_\_ RI\_\_\_\_\_

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 his/her internship and if so, what are they? \_\_\_\_\_

**I have reviewed and approved this complete application for submission and consideration.  
A Teacher Recommendation Form, letter of reference and Parent Release are attached.**

Signature/Date \_\_\_\_\_

# Teacher Recommendation

Student \_\_\_\_\_

Subject(s) \_\_\_\_\_

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

	Excellent	Above Average	Average	Needs Improvement
Attendance/Punctuality				
Cooperation/Teamwork				
Asks Questions				
Follows Directions				
Solves Problems				
Takes Initiative				
Responds to Suggestions				
Personal Appearance				

Student's Strengths \_\_\_\_\_

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Student's Areas for Improvement \_\_\_\_\_

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Other Comments \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian Information/Participation Release

Student Name \_\_\_\_\_

High School \_\_\_\_\_

### Attendance and GPA Information/Medical Status

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 the WLC Student Internship Practicum Program and that information along with parent provided medical status of the student 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 the WLC.

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 the WLC 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 \_\_\_\_\_