



Work Based Learning Application



Name _____ Date _____

Graduation Year _____ Advisory _____

Address _____

Email _____ Cell _____

Career/Job Interest _____

If you are interested in an internship what time of day is best for you? Circle AM or Pm

Are you currently employed? Yes or No Where _____

If you are planning to do an internship which period do you need released from?

Circle period 1st 2nd 3rd 4th 5th 6th 7th 8th

Do you have responsibilities or obligations that interfere with committing to an after school internship? Circle Yes or No If yes please list _____

Please list any courses, training, or experience you have that will prepare you for this internship _____

Please list your school activities, community involvement, and honors you have held _____

Briefly describe why you want to participate and what you hope to get from the internship _____
