

JCHS APPLICATION FOR INTERNSHIP

Return to Mr. Steffens, Director of Secondary Programs, JCHS, Room #106

Directions: This application is to be completed and returned to Mr. Steffens, Director of Secondary Programs, JCHS, Room #106. Please answer all questions completely. After you have completed the application, print it, sign it and have your parent or guardian read and sign the following statement.

Name	Academy	Cluster
_____	_____	_____

Signature: _____

I have read this application and approve that my son/daughter participate in the Internship Program, if accepted.

Parent/Guardian Signature: _____

REQUIRMENTS TO PARTICIPATE IN THIS PROGRAM INCLUDE

- Senior Classification
- Meets JCHS eligibility requirements
- 90% Attendance (previous semester)
- 2.5 GPA (previous semester)
- Good Behavior Standing
- Completion of internship course requirements on Individual Plan of Studies (IPS)
- Completion of a Job Shadow, if possible.
- Completion of underclass graduation requirements
- Approval by Director of Secondary Education (Mr. Steffens)
- Parent cannot serve as Internship Supervisor for their student.

AREA OF INTEREST FOR INTERNSHIP: _____

Check the class periods and semester for which you are requesting an Internship. The minimum number is two consecutive periods and the maximum number is five class periods.

W1	W2	W3	W4	W5	SEMESTER 1	SEMESTER 2
B1	B2	B3	B4	B5		

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone _____

Date of Birth: _____ Age: _____ Grade: _____

Email: _____

Please list and explain any physical limitations or health concerns:

Describe your job shadow experience(s):

Explain your Individual Plan of Study and courses taken to how it relates to the internship you are requesting:

Work Experience

List all paid jobs you have held. Include part-time and full-time.

Job Title

Employer

Are you currently employed? _____ Where? _____

Write a short paragraph explaining why you would like to be in the internship program.

RETURN APPLICATION TO MR. STEFFENS IN ROOM 106 *after meeting with your Academy Counselor.*

vernsteffens@usd475.org

(785) 717-4238