

Career Exploration Internship Program (CEIP) Application

Last Name _____ First Name _____

Birth date ____/____/____ Date of 18th Birthday ____/____/____ Home phone _____

Your Cell _____ Your Email _____

Parent/Guardian Name _____

Their Cell _____ Their Email _____

Guidance Counselor _____ Current Homeroom Teacher _____ Room # _____

Current Social Studies Teacher _____ Period _____

You **MUST** provide your own transportation to and from the internship site. Check **ALL** that apply, and fill in the blank:

I have use of a car / I will have use of a car by _____

I have a license / I will have a license by _____

I can get a ride from _____

Do you have any obligations that may interfere with the internship? (Example: part-time work, sports, etc.)? Yes / No

If YES, please explain: _____

Semester Internship is preferred. When will you have transportation and the most time to commit? Circle one:

Fall / Spring / Either / Both (only for two very different careers)

Please indicate, in order of preference, the types of careers you wish to explore during your internship.

1. _____
2. _____
3. _____

Do you have an internship site in mind? Circle one: Yes / No (if YES, indicate)

Where? _____

Contact person/phone _____ Relationship to intern applicant _____

APPLICANT: PLEASE READ AND SIGN BELOW

1. I certify that the information I have submitted on this application is true and complete. I understand that any false, misleading or incomplete information may result in disqualification from the Career Exploration Internship Program.
2. Participation in this program requires providing your own transportation to the worksite, regular attendance at the worksite, completion of school and worksite assignments and duties, regular contact (preferably texting) with the CEIP coordinator, and regularly-emailed reports. If accepted into the program, your signature below indicates you are prepared to meet these obligations.
3. I understand that, as part of this application process, Ken West faculty and staff will be asked to provide input on each applicant.
4. I understand that the CEIP Coordinator will make every effort to find me a placement and realize there is no guarantee.
5. I will abide by the policies, rules and regulations, as amended from time to time, of the Career Exploration Internship Program.

Applicant Signature: _____ Date: _____

PARENTAL/GUARDIAN PERMISSION

I give permission to allow my son/daughter/ward above to participate in the Career Exploration Internship Program.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Printed Name: _____

Return this completed application to Mr. Mendola in Room 319 (or to Mrs. Bowman in the Career Center in Guidance)