

Project Elevate Summer Internship Program

PERSONAL INFORMATION

Name Age

Last First Middle Initial

Present Address

Street City State Zip

Permanent Address

Street City State Zip

Applicant's Phone No. ()

Parent's Phone No.

CTE COURSES COMPLETED & EXTRACURRICULAR ACTIVITIES (May be attached as a separate document.)

| CTE Course Completed (i.e., welding, auto, graphic design) | Extra-curricular Activities |
|--|-----------------------------|
| | |
| | |
| | |

TRANSPORTATION

Do you have access to transportation? Yes No
 If yes, please circle: I have a car I have a reliable person to take me I am willing to walk

FORMER EMPLOYERS List past employers below, starting with the most recent.

| Date Month and Year | Name, Address and Phone of Employer | Position | Salary | Why did you leave? |
|------------------------|--|----------|--------|--------------------|
| From _____ To _____ | | | | |
| From _____ To _____ | | | | |

REFERENCES: These can be teachers, community members, or former employers.

| Name | Occupation | Phone Number | Years Acquainted |
|------|------------|--------------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Application Disclosure: As a member of the Project Summer Intern Program, I understand the services I provide may be without pay or other employee benefits. 1. I am not entitled to participate in any employee benefit plans, nor am I covered under any workers' compensation or liability insurance policy. 2. By submitting this application I hereby assume the full risk of my activities as they relate to my participation in the summer internship. 3. I hereby agree to abide by all rules, policies and guidelines of my assigned company, whether verbal or written, while providing services. I agree to wear appropriate attire, including an identification badge identifying me as a summer intern, all as requested by the company. 4. I agree that nothing in this application or the agreements I have made should be interpreted to change my status as a Project Elevate Intern. 5. I represent and warrant that I have read this application and all its terms and conditions, fully understand its contents, have submitted this application and thereby agree to all terms and conditions stated herein of my own free will, and agree to be bound hereby for all times during and after my volunteer analysis services are completed. Signing the name listed below shall have the same force and effect as my signature and by typing such name below and submitting this application form, I agree to all terms and conditions stated herein. If you do not sign your name below, your application will be considered incomplete and will not be processed. *

Please sign below, acknowledging the following:

- _____ (initial) I verify that all information provided is accurate.
- _____ (initial) I am committed to being successful in this program by completing the workshops and activities, and giving my job 110% of my effort.
- _____ (initial) I have received permission from my parent or guardian to participate in the Project Elevate Summer Internship Program.

Student Signature

Date

Parent Signature

Date