

Alpine School District Student Internship Application

Lehi High School

CONTACT INFORMATION

Name _____ Graduating class (year) _____

High School Attending: _____ Student Cell Phone _____

Address _____ Birth Date _____

Parent _____ Profession/Employer _____ Work Phone _____

Parent _____ Profession/Employer _____ Work Phone _____

Career Interest

Career Goal (PCCR) _____
List three companies where you would like to intern:

1. _____

2. _____

3. _____

Do you have any personal contacts in this field that might be helpful?

Name _____ Phone _____

Name _____ Phone _____

Related CTE Classes Taken

1.

2.

3.

Which teacher would give you a recommendation?

This application is for (circle one)

First Semester or Second Semester

Class Period(s) _____

I understand that I *must have access to a car or other transportation* to and from my workplace. Auto insurance is required on any car driven by the student. It is the responsibility of the parent(s) to determine the method of transportation and all applicable insurances.

I understand that the Hepatitis B Vaccination series, a TB test and a flu shot are required of many interns placed in a medical setting.

I understand that the completion of a LinkedIn profile with specific posts and recommendations and attendance at the Monday internship classes are required to receive credit.

If selected for this program, I will take full advantage of every learning opportunity. I will be an excellent representative of myself, my family and my school.

Student Signature _____ Date _____

Submit this form to your high school's Counseling Office or CTE Internship Teacher