

# THOMAS S. WOOTTON HIGH SCHOOL

## OUT-OF-SCHOOL INTERNSHIP APPLICATION



This Common Internship Application, along with the Student Course Registration, begins the formal application process for acceptance into an Out-of-School Internship. This completed application does **not** guarantee acceptance into an out-of-school internship position. Please make sure to **print legibly in pen** and complete all requested information. All areas must be completed. **Return this form to Mrs. Sander by January 27, 2010.**

APPLICANT INFORMATION (PLEASE PRINT NEATLY)											
Last Name				First				M.I.		Date	
Street Address								Apartment/Unit #			
City				State				ZIP			
Email Address											
Cell Phone			Student ID No.			Grade		Counselor			
Internship Applied For: (Students: Select One)		AOIT Intern <input type="checkbox"/>		Business/Law/Technology Intern <input type="checkbox"/>		Education Intern <input type="checkbox"/>					
		Hospitality Intern <input type="checkbox"/>		H & A Intern <input type="checkbox"/>		Psychology Intern <input type="checkbox"/>		Science Intern <input type="checkbox"/>		Site <input type="checkbox"/>	
Are you a citizen of the United States? (Some Internships require US Citizenship)		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Do you have a social security number?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		(DO NOT GIVE YOUR SOCIAL SECURITY NUMBER AT THIS TIME.)					
Do you have any after-school obligations?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when? (#days/hours)					
Are you able to provide your own transportation to your Internship site?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		NA <input type="checkbox"/>		If No, please explain			

EDUCATION
High School (If student attended previous HS.)
List courses that you have completed that relate to your desired internship of interest:

INTERNSHIP PREFERENCES
Please list an Internship field/subject you will be pursuing. <i>*Please note that the subject areas listed below are <b>binding</b> and will be used to assign your Intern Coordinator for the school year.</i>
Subject Area: (See Internship Applied For: section above)
What are your career aspirations?

What work experiences are you looking for? (Describe Below)

Fall  Spring  Both  Summer   
(Check all that apply)

Please turn over...

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to program acceptance or employment, I understand that false or misleading information in my application or interview may result in my release.

Student  
Signature

Date

Parent  
Signature

Date

- **Remember to return this common application to Mrs. Sander in room 41 no later than January 27, 2010. Or you can put it in her mailbox in the mail office.**
- **For information about the individual programs use the following list of internship coordinators**
  - AOIT – Mrs. Monica Matthey – Room 15 - 301-279-8583
  - Business/Law/Technology - Mrs. Noelle Gray - Room 109 - 301-279-8583
  - Education - Mrs. Sue Thorpe Room 42 - 301-279-8581
  - Family & Consumer Science - Mrs. Sue Thorpe - Room 42 - 301-279-8581
  - Site-based work experience - Mrs. Noelle Gray - Room 109 - 301-279-8583
  - Psychology - Dr. Marie Smith - Room 154 - 301-279-8591
  - Science - Mrs. Lesli Adler - Room 208 - 301-517-8136

**COUNSELOR & ADMINISTRATOR SIGNATURES (FOR INTERNAL OFFICE USE ONLY)**

Counselor/Intern Coordinator: Please review this application for completion and accuracy.

Counselor/Intern Coordinator Signature

Date

Wootton HS  
Administrator Signature

Date