



(Blake High School Intern)
PROGRAM APPLICATION

DATE OF APPLICATION: _____ CURRENT GRADE: _____
Semester/Year for which the internship is desired:
_____ Fall '08 _____ Spring '09 _____ Both

NAME _____
(Last) (First) (Middle)

HOME ADDRESS: _____
(Street) (Apt. No.) (City) (Zip code)

HOME PHONE NUMBER: _____

Your MOBILE-CELL PHONE NUMBER: _____

Your EMAIL ADDRESS: _____

BIRTHDATE: _____ AGE: _____ Male _____ Female

Your SOCIAL SECURITY #: _____

Your STUDENT ID #: _____

FULL NAME OF PARENT(S)/GUARDIAN: _____

Number of periods requested for internship experience:
_____ 1 _____ 2 _____ 3

Your Approximate Grade Point Average _____

TRANSPORTATION:

Interns **must** be able to provide their own transportation to their sponsor site.
What are your plans for transportation? Your back-up plans?

EXPERIENCE:

Describe any held paid jobs, volunteer experience, or community service and the dates of your experiences:

CAREER FOCUS/INTERESTS:

What career areas are you most interested in?
Please check your top career choices.

- Arts, Photography, Digital Arts
- Architecture, Construction, Engineering, Civil, Mechanical, Specialized Trades
- Biosciences, Health Science, Pharmaceutical, Scientific Research & Development
- Business: Accounting, Advertising, Marketing, Management, Small Business Operations, Banking, Finance, Investments, Consulting, International
- Communications, Broadcasting, Telecommunications, Video Production, TV Production
- Construction, Carpentry, Masonry, Electricity, Heating, Ventilation, Air Conditioning
- Crafts, Antiques, Collectibles, Woodworking
- Education, Family, Early Child Development, Special Needs
- Engineering, Scientific Research, Manufacturing Technologies, Industrial Electronics
- Entertainment, Sports, Recreation

- Environmental, Agricultural, Natural Resources, Horticulture, Landscaping, Nursery Management
- Fashion, Apparel, Textile
- Hospitality Management, Hotel, Travel, Events Planning, Catering, Restaurant Management, Culinary Arts
- Information Technologies, Computer Maintenance, Network Operations, Programming, Web Design
- Insurance
- Interior Design, Decorating, Residential and Commercial
- Law, Criminal Justice, Protective Services, Courts
- Medicine, Health Care, Occupational Therapy, Physical Therapy, Veterinary Services
- Military, Armed Forces, Navy, Marine Corps, Army, Air Force, Coast Guard
- Non-profit Organizations, Charities, Social Services, Community Outreach
- Performing Arts, Music, Choral, Instrumental, Dance, Theater, Production Management
- Printing, Publishing, Photography, Graphic Design, Journalism
- Public Service, Local, State and Federal Government
- Psychology, Counseling, Facilitation, Mediation
- Real Estate, Residential, Commercial, Land, Development, Operations
- Religion, Clergy, Spirituality, Counseling
- Sports, Health, Fitness, Diet
- Transportation
- OTHER: _____

Where would you like to intern?

Do you have any after-school commitments (for example, part-time job, family obligations, sports, music lessons) planned during the internship period?

_____ Yes _____ No

If so, please list the days and hours of the week when these activities occur:

- **PLEASE PREPARE A SHORT PARAGRAPH IN THE SPACE BELOW, EXPLAINING WHY YOU ARE INTERESTED IN BECOMING A BHSI:**

STUDENT/INTERN APPLICANT PARTICIPATION AGREEMENT

Participation in the BHSI Program requires: regular school and internship attendance during the week; weekly attendance at Friday Seminars; preparing reflection logs, time-sheets, assignments and projects; and exceptional professional intern conduct. If you are accepted into the program, you are required to meet these obligations. Your signature below acknowledges your understanding and consent to these requirements.

Student Signature and Date

PARENT/GUARDIAN PERMISSION TO PARTICIPATE AS A BHSI

As an Intern, the Maryland Worker's Compensation Law as well as the Montgomery County Self-Insurance Fund DOES NOT insure/cover student internship arrangements. Parents/Guardian must provide appropriate levels of medical, health and accident insurance protection to their child in the event of an unexpected incident.

I give my permission to have my son/daughter participate in the BHSI Program during the Fall and/or Spring Semester of the current academic year. I understand that it is my child's responsibility to provide his/her own transportation to the internship site and to meet the established academic requirements of the program. I will provide the required insurance coverage for my child.

Parent/Guardian Signature and Date

GUIDANCE COUNSELOR APPROVAL

- Student's Transcript is attached to application.

Guidance Counselor Signature and Date

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