



TOOLS

Service Learning Project Application

Instructions

This application should be filled out completely by the student with the assistance of a parent or guardian. Application must include parent's signature of approval.

Student: _____

Return to: _____
Teacher's Name *Room #*



TOOLS *(continued)*

Service Learning Project Application

Please fill out completely in ink with the help of your parent/guardian. When you have completed the application, please attach a resume that includes employment and education information. If you have questions, please see the on the job training coordinator in your SLC.

Student Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

Email Address: _____

Social Security No.: _____ Birth date: _____

Why do you want to enroll in this program? _____

List two careers you would like to pursue:

1. _____

2. _____

Name two places you would like to work:

1. _____

2. _____

Will you need help finding an internship placement? Yes No If no, where will you be employed?

Name of Company/Organization: _____

Address: _____

Supervisor's Name: _____ Wages: _____

Weekly Hours: _____

Does your supervisor know the details of the internship program? Yes No



TOOLS *(continued)*
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Please list all software you have learned to operate, either on the job or at school:

Do you have any physical limitations and/or chronic ailments? Yes No If yes, please explain:

What are your hobbies?

References

List the names of high school teachers we may contact for references:

1. _____ 2. _____
3. _____

Transportation

What means of transportation will you use to get to and from your internship?

- Own car Parent's car Parents will drive and pick up
 Other [please explain] _____

Parent/Guardian Information

Parent/Guardian Name: _____

Address (if different from student): _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

What is the best time to contact you at home? Day Evening Time: _____

I approve of the above transportation plan that will enable my son/daughter to participate in the internship program.

Parent/Guardian Signature

Date