



(Blake High School Intern)  
PROGRAM APPLICATION

DATE OF APPLICATION: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

Number of periods requested for internship experience:

\_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3

Semester/Year for which the internship is desired:

\_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Both \_\_\_\_\_ School Year

NAME \_\_\_\_\_  
(Last) (First) (Middle)

HOME ADDRESS:

\_\_\_\_\_  
(Street) (Apt. No.) (City) (Zip code)

HOME PHONE NUMBER: \_\_\_\_\_

STUDENT MOBILE-CELL PHONE NUMBER: \_\_\_\_\_

STUDENT EMAIL ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ Male \_\_\_\_\_ Female

Your STUDENT ID #: \_\_\_\_\_

FULL NAME OF PARENT(S)/GUARDIAN: \_\_\_\_\_

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?

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**EXPERIENCE:**

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

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**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?**

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**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:**

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- **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**

\_\_\_\_\_ **Date**

**RECOMMENDATION LIST**

List the names of the two staff members who will fill out your Recommendations.

\_\_\_\_\_

\_\_\_\_\_

# TEACHER/COUNSELOR RECOMMENDATION FOR CAREER INTERNSHIP PLACEMENT

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## Section 1: (INTERNS: COMPLETE THIS SECTION)

Intern Name: \_\_\_\_\_

The person whom you have asked to complete this form: \_\_\_\_\_

What type of internship are you interested in? (If you know): \_\_\_\_\_

\_\_\_\_\_

**DUE DATE:** \_\_\_\_\_

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## Section 2: (COUNSELOR/TEACHER SECTION)

Dear Counselor/Teacher,

The student named above is applying for a senior year internship placement. As part of the process, they need to submit recommendations from two teachers/counselors. Please complete the checklist below and submit by the deadline indicated above.

Please place these documents in the Internship Coordinator's mailbox. Thank you for your time.

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Please evaluate the student based on the following criteria. Circle the appropriate indicator and make supporting comments where appropriate.

**Initiative:**      Excellent      Good      Fair      Unsatisfactory      Not Observed

Comments: \_\_\_\_\_

**Maturity:**      Excellent      Good      Fair      Unsatisfactory      Not Observed

Comments: \_\_\_\_\_

**Communication Skills:**      Excellent      Good      Fair      Unsatisfactory      Not Observed

Comments: \_\_\_\_\_

**Integrity:**      Excellent      Good      Fair      Unsatisfactory      Not Observed

Comments: \_\_\_\_\_

**Attitude:**      Excellent      Good      Fair      Unsatisfactory      Not Observed

Comments: \_\_\_\_\_

TO NEXT PAGE ►

Please refer to the type of internship this student is requesting. (It is listed on the front of this form). If you know the applicant has relevant skills or training, please evaluate those skills and experiences here.

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What is your overall assessment of this student's ability to complete an internship and to represent Blake High School?

Excellent      Good    Fair    Unsatisfactory      Not Observed

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Please use this space to provide any other information you believe is important.

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\_\_\_\_\_  
Counselor/Teacher Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Counselor/Teacher Signature

\_\_\_\_\_  
Date