



Date of Application: _____

Rock Bridge High School Career Path Internship Program Application

This information is required to pursue an internship program. Fill the application out completely and obtain the necessary signatures PRIOR to enrollment in the CP Internship course.

Personal Data:

Student's Name: Student Number:

Age: Birth Date: / /

Email Address (checked regularly): Cell Phone #:

Parent/Guardian Name: Phone #:

Internship Data:

Internship Site: **Internship Supervisor Name:**

Internship Address:

Internship Supervisor Phone #: **Alternate Phone #:**

Internship Supervisor Email:

Recommendations:

Please provide names of two (2) RBHS or Career Center teachers who can provide a reference:
Please print/type teacher name and have teacher sign in the space provided:

1. Signature: _____

2. Signature: _____

Emergency Medical Information:

List any medical information that would be helpful in case of an emergency.

Allergic to medications? Yes/ No

If yes, what medications?

List any allergies or other relevant medical conditions:

Physician: Phone:



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Application Questions:

1. Will you be willing to make a year long commitment to this internship and complete a minimum of 70 hours per semester?
2. This course is an independent study, online course that will require students to be self motivated. Students will be responsible for checking the ANGEL course website regularly and keeping up with course assignments and deadlines. There may be email reminders and announcements posted on ANGEL; but ultimately, this is a course tailored to students who are able to learn and work independently. Do you feel as if you are able to be successful in this type of course environment? Explain:
3. What types of experiences do you hope to gain through this internship?
4. Describe the courses you have taken and other experiences you have had that give you knowledge, skill, and/or interest in this area:

Release of Information:

I understand that this application form, including attendance and grade point average information, can be released between the Columbia Public Schools and prospective internship employers for the purposes of placement in an appropriate career path internship. I also agree that it is my responsibility to secure an internship and may request assistance if unable to find a placement. However, there is no guarantee a placement may occur within the field of interest and I am willing to accept an alternative placement if necessary to remain in this class.

The information provided above is complete and accurate to the best of my knowledge.

(Student's signature and Date)

The information provided above is complete and accurate to the best of my knowledge. I consent for my child to receive emergency treatment in case of injury or illness. I give my permission for my son/daughter to participate in the Internship Program.

(Parent/Guardian's Signature and Date)

FOR OFFICE USE ONLY

Cumulative GPA: _____

Days absent during the previous two semesters:
