



Application Date: _____

19 South 7th Street
Estherville, IA 51334
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(712) 362-0480 (fax)
mbates@iowalakes.edu

Internship Application

Application Checklist

Complete the following checklist before returning to Connect @ Iowa Lakes.

You must complete the entire application in **blue or black ink**, attach at least one letter of recommendation, the Teacher Recommendation Form and the Participation Release Form. Return the completed application to your high school career advisory by the session deadline to be considered for a personal interview. The Connect @ Iowa Lakes Student Internship Program session schedules can be found at www.iowalakes.edu/connect.

_____ This application is complete and a reflection of my **best writing ability**.

_____ I have attached:

_____ A **letter of recommendation**, written by a non-related adult whom I have known outside the school environment, and who can vouch for my character and work ethic

_____ Completed **Teacher Recommendation Form**.

_____ My application has been **reviewed and approved** by my school advisor/career counselor.

_____ I understand that my approved application will entitle me to participate in the Connect @ Iowa Lakes panel interviews. Final approval to participate in the internship/practicum program is based on the interview outcome.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Cell Phone: _____ Email _____

Cell Company: _____ Can you accept text messages? ___ Yes ___ No

Date of Birth: _____ School District Name: _____ Grade Level: _____

Gender: ___ Male ___ Female Are you a U.S. Citizen? ___ Y ___ N /Country of Origin: _____

Are you a permanent U.S. Resident? _____

Are you part of the Career Academy? ___ Y ___ N If yes, which academy? _____

Do you have a 504 Plan or IEP? ___ Y ___ N Special accommodations? _____

Are you presently under a doctor's care? If yes, explain _____

Select one or more race: ___ White ___ Black or African American ___ Hispanic or Latino ___ Asian ___ Alaska Native

___ American Indian ___ Native Hawaiian/ Pacific Islander ___ Other ___ Prefer not to disclose

Parent/Guardian Information

Full Name: _____ Relation: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home/Cell Phone: _____ E-mail Address: _____

Experience

Have you participated in a job shadow? If yes, where? _____

Previous internship/practicum program experience? _____

Please list any work or volunteer experience you may have. _____

List all school and community activities you are involved in and the schedules for each: _____

List all honors received and leadership positions held during high school: _____

Career Choice

Please list three career choices and an employer (optional) that you are interested in. Please note that this does not guarantee that employer will have an internship available.

Career Choice: _____

Employer: _____

Career Choice: _____

Employer: _____

Career Choice: _____

Employer: _____

Current/Previous Employment

Place of Employment _____

Name of Supervisor _____ Phone _____

Current Work Schedule (if applicable) _____

Student Pre-Interview Questions

1. Why do you want to participate in Connect @ Iowa Lakes' Student Internship Program?
2. What personal traits or special skills do you think qualify you for an internship?
3. What skills do you hope to learn during your internship? Be specific.
4. What subject areas do you most enjoy at high school?
5. The program requires you to spend a minimum of 10 hours per week on-site for the internship format. How will you fit this commitment into your class and extracurricular schedule?
6. What are your educational/career plans following high school? What other information would you like to share about yourself and/or your career goals?

Career Advisor / School Representative Must Complete the Following

WorkKeys Scores (if available) AM ____ LI ____ RI ____

Student's Current GPA _____

Number of absences from school during the most recent academic term: _____ excused _____ unexcused

Based on school's attendance guidelines, please explain exceptional absences:

REQUIRED: School Representative Recommendation/Comments:

Does this student have an Individualized Education Plan (IEP)? ____ Yes ____ No

Is this student in need of any special accommodations during his/her internship and if so, what are they?

I have reviewed and approved this complete application for submission and consideration.

A Teacher Recommendation Form, letter of reference and Parent Release are attached.

Signature _____ Date _____

Connect @ Iowa Lakes programs provide equal opportunity to all persons regardless of sex, race, age, creed, color, national origin, religion, sexual orientation, marital status or disability. The Mission of the Connect @ Iowa Lakes program is to develop our future workforce by connecting business and education in relevant, work-based learning activities for 9-12 students and teachers in Area 8.

Teacher Recommendation

Student _____

Subject (s) _____

This student has applied for an internship through Connect @ Iowa Lakes. Would you please help the selection process by providing the following information about this student?

	Excellent	Above Average	Average	Needs Improvement
Attendance/Punctuality				
Cooperation/Teamwork				
Asks Questions				
Follow Directions				
Solves Problems				
Takes Initiative				
Responds to Suggestions				
Personal Appearance				

Student's Strengths _____

Student's Areas for Improvement _____

Other Comments _____

Signature _____ Date _____

Parent / Guardian Information / Participation Release

Student Name _____

High School _____

Attendance and GPA Information / Medial Status

I grant permission for the high school office to release information regarding my child's attendance and grade point average to the Connect @ Iowa Lakes program. I understand this information is required for application to and participation in the Internship Program and that information along with parent provided medial status of the student may be shared with the supervisor at the internship work site.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____ Date _____

Media / Marketing Release

I agree to allow my child's photograph, video tape or motion picture image that includes his/her name or likeness or any recording that includes his/her voice to be used in marketing materials to promote the Connect @ Iowa Lakes program. I understand that my child's photo/image will only be used in a positive manner in publications, print advertising, promotional materials or any other medium to inform others about the career exploration activities coordinated by Connect @ Iowa Lakes for K-12 students throughout the Grant Wood AEA 10 region. I give my consent to have an Iowa Lakes Community College staff member contact my son or daughter at a future date to review their career development.

YES – I will allow my child's image/comments to be used by Connect @ Iowa Lakes.

NO- I will not allow my child's image/comment to be used.

Parent/Guardian Signature _____ Date _____

Participation Release

I am the parent or guardian of the student whose name appears above and I have authority to make legal decisions for the benefit of this child. I authorize the release of my child from his/her school to attend the three career development meetings sponsored by Connect @ Iowa Lakes and required by the internship programs.

I recognize that work-based learning opportunities of this nature have a risk of lost or stolen property, injury or even death during transportation to, from, on-site and during the activities. I, on behalf of the child and for myself, waive any and all claims of liability arising from the child's participation in this opportunity, including claims against the following parties (and their employees, contractors, and volunteers): Connect @ Iowa Lakes, Iowa Lakes Community College, the school and school district that the child attends, and the employer who hosted the work-based learning opportunity.

I agree to defend, hold harmless, and indemnify Connect @ Iowa Lakes, Iowa Lakes Community College, the school and the school district that the child attends, and the employer who hosted the students(s) (and their employees, contractors, and volunteers) from and against any and all claims of liability that derive from claims that I or my child make against any other party arising from this work-site opportunity.

Parent/Guardian Signature _____ Date _____

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