Salem High School
Work Based Learning

Internship Application

Name: _________________________________________________________________

Today’s Date: _____________ Year of Graduation ___________

Internship Interest:
(Example: dental, business, automotive, etc.)

When are you hoping to do this internship? This is a request not a guarantee based
scheduling and availability.
Semester _____1 Semester_____2 Block ___3___4

STUDENT: It is your responsibility to complete this entire packet and return it to
your counselor along with your course selection form.

Please submit the following documentation with application:
____Student Profile (Over)
____Recommendation Form
____Expectation Sheet
____Emergency Contact Information

The Work Based Learning office will help students establish their work site. If you
have a request, please fill in the information below. Leave blank if unknown.

Work Site: _____________________________________________________________
Address: _____________________________________________________________

Work Site Mentor: __________________ Phone: _____________________________
Work Site e mail: ______________________________________________________

Return completed packet to your guidance counselor by course request
deadline. The Work Based Learning office will contact applicants for a
meeting in March/April.
Student Profile

Student Name_________________________________________ Date of Birth________

Last     First     M.

Parents/Guardian’s Name(s)__________________________________________________________

Parent Phone #______________________ Student cell #________________________

Describe your career interest and why you want to do an internship in this field.

________________________________________________________________________

________________________________________________________________________

What is your plan after High School?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Parent/Guardian(s) Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Parent/Guardian Signature: ____________________________ Date:_________

Parent/Guardian e-mail address: ________________________________

Student Signature: ______________________________________ Date:_________

Student e-mail address: _____________________________________