**Intern/ Apprenticeship Interest Form**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in School: (Fr. Soph. Jr. Sr) \_\_\_\_\_\_\_\_\_\_\_ Age as of May 30, 2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of absences this year: \_\_\_\_\_\_\_\_\_\_\_Number of times tardy this year\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of disciplinary actions this year\_\_\_\_\_\_\_\_\_GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Internship desired or currently held job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have reliable transportation to get to your internship? yes\_\_\_\_ no\_\_\_\_\_\_

What is the longest time you are willing to drive to your internship site? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Industry Certifications earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ use back as needed

Work Experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_use back as needed

I understand that by taking part in the Pinellas County internship program, I will be in contact with individuals, including the general public, who have not had their backgrounds screened by the Pinellas County School Board. I further understand that I will not be under the direct supervision of the school staff, but of the supervising business, I understand that I will be subject to the risks inherent in the work place in which I am placed. I also understand that injury may occur at the worksite or in walking to and from the worksite. I further understand that it is my responsibility to provide proof medical coverage prior to participation in the internship program.

Recognizing the benefits and risks involved I hereby give my consent to engage in an internship experience. I agree to release and hold harmless the School Board of Pinellas County and its employees and agents from and against all claims, judgments, costs, or other expenses, including attorney fees, arising out of bodily injuries or property damage resulting from participation in internships.

**Student Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academy Teacher Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicates you feel this student is ready for an internship.

Teacher, please send via school mail (pony) to: CTAE Administration Building attn. internship