



Academy Internship Worksheet

Name _____ Birth Date _____ Home Phone (____) _____

Address _____
(street) (city) (zip)

(email)

Internship Areas of Interest

1st Choice _____

2nd Choice _____

3rd Choice _____

Have you made your own arrangements for an internship? _____ No _____ Yes

Business _____

Mentor _____

Address _____

City _____ State _____ Zip _____

Phone _____ email _____

Job Description _____

Job Arrangement _____

Times Available for Internship (indicate all that apply)

_____ Jr. Fall Hours or Days Available _____

_____ Jr. Spring Hours or Days Available _____

_____ Summer Hours or Days Available _____

_____ Sr. Fall Hours or Days Available _____

Comments or Conflicts _____

Are you available during June for an EfTA internship? (if yes, indicate reason) ? _____

Notes _____