Complete the following checklist before returning to Iowa Central Career Connections.

You must complete the entire application in **blue or black ink**, attach resume, the Teacher Recommendation Form and the Participation Release Form. Return the completed application to your high school counselor by the session deadline to be considered for a personal interview.

☐ This application is complete and a reflection of my best writing ability.
☐ I have attached:
  ☐ A resume or resume worksheet that highlights my abilities/skills, extracurricular activities, experience, accomplishments, and advanced coursework
  ☐ Completed Teacher Recommendation Form.
  ☐ Completed Participation Release 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 Iowa Central Career Connection internship interviews.
Internship Application

Applicant Information

Full Name: ____________________________________________ Date: ______________

Last                    First                     M.I.

Address: ____________________________________________

Street Address __________ Apartment/Unit # __________

City ___________________________ State __________ ZIP Code __________

Cell Phone: ___________________________ Email ___________________________

Social Security #(not required): __________ Can you accept text messages? ______ Yes ______ No

Date of Birth: __________ School District Name: __________________________ Grade Level: __________

Are you a citizen of the United States? YES ______ NO ______ What is your gender? Male ______ Female ______

Are you part of the Career Academy? YES ______ NO ______ Are you currently under a doctor’s care? YES ______ NO ______

Do you have a 504 Plan or Individualized Education Plan (IEP)? YES ______ NO ______

Select one or more race: __White ______ Black or African American ______ Hispanic or Latino ______

________ Asian ______ American Indian/Alaska Native ______ Alaska Native ______

________ Native Hawaiian or other 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 __________
Experience
Have you participated in a job shadow or internship? If so, where.

Please list any work or volunteer experience you may have.

Please list all school and community activities you are involved in and the schedules for each.

Career Choice
Please list three career choices and a site if you know of one that you are interested in. Please note that this does not guarantee that site will have an internship available.

Career Choice: __________________________________________
Requested Site: _______________________________________

Career Choice: __________________________________________
Requested Site: _______________________________________

Career Choice: __________________________________________
Requested Site: _______________________________________

Questions
What extracurricular activities are you currently involved with?

What are your plans or goals for after high school?

What are you hoping to learn by doing an internship?

Disclaimer and Signature
I certify that my answers are true and complete to the best of my knowledge.

I understand that there will be work-readiness skills associated with the internship. (Resume building, mock interview, and a thank you letter). I understand that transportation to and from the internship will be my responsibility. I also understand that the internship will be based upon my school’s expectations for internships and hours will be determined by my host, school, and Iowa Central Career Connections.

Signature: ___________________________ Date: ________________
Student Pre-Interview Questions

1. Why do you want to participate in Iowa Central Career Connection's 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 complete 40-90 hours. 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?
Teacher Recommendation

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

Full Name: ____________________________  Student’s Current GPA: __________

Last First

Number of absences from school during the most recent academic term: _______ Excused _______ Unexcused

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?

_____________________________________________________________________________________________
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Student’s Strengths ________________________________________________________________

____________________________________________________________________________________

Student’s Areas for Improvement ______________________________________________________

____________________________________________________________________________________

Other Comments ________________________________________________________________

____________________________________________________________________________________

I have reviewed and approved this complete student application for submission and consideration for an internship with Iowa Central Career Connections.

Signature ____________________________ Date ____________________________
Parent/Student Participation Release

Student Name ________________________________
High School ________________________________

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 Iowa Central Career Connection 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 Iowa Central Career Connections for K-12 students throughout the Iowa Central region. I give my consent to have an Iowa Central 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 Iowa Central Career Connections.

☐ 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 Iowa Central Career Connections 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): Iowa Central Career Connections, Iowa Central Community College, the school and school district that the child attends, and the employer who hosted the work-based learning opportunity.

I and the student agree that participation in this work-based learning opportunity does not create an employer/employee relationship between the place of learning and the student. We understand and agree that no employer/employee relationship exists as a result of the student’s participation in work-based learning. We further agree that the student is not and will not be entitled to any type of unemployment benefits, workers compensation benefits, and/or other employee rights or entitlements because of participation in this work-based learning opportunity, because the student is NOT an employee.

I agree to defend, hold harmless, and indemnify Iowa Central Career Connections, Iowa Central 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: __________
Child/Student Signature: __________________________ Date: __________

Iowa Central Career Connections provides equal opportunity to all persons regardless of sex, race, age, creed, color, national origin, religion, sexual orientation, marital status or disability. The Mission of Iowa Central Career Connections is to develop our future workforce by connecting business and education in relevant, work-based learning activities for 9-12 students and teachers in our region.