



# Internship Request

## Internship Interest & Parent Permission Form

### Student Information:

Name: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_ Ok to text shadow information? Y / N

Email: \_\_\_\_\_ Do you prefer email or text? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ AGE: \_\_\_\_\_ When will you turn 18? \_\_\_\_\_

GPA: \_\_\_\_\_

Are you employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

How many hours do you work? \_\_\_\_\_

What are your career interests? \_\_\_\_\_

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### In order to be considered for an Internship Placement:

- 1) I must have my EDP 100% complete.
- 2) I must return the Internship Interest/Parent Permission Form to the counseling office.
- 3) I will have a informational interview with the Career Specialist to determine if I will be chosen as an internship candidate.
- 4) If chosen, I will complete a resume and meet with Career Specialist for a resume review.
- 5) If chosen, I will interview with potential employer/placement.
- 6) I will provide transportation for myself to and from the Internship Placement.
- 7) I understand that my participation in an internship is contingent upon being chosen by an employer through an interview process.

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Signature of Student

- I HAVE READ ALL INFORMATION REGARDING A POSSIBLE INTERNSHIP PLACEMENT. I UNDERSTAND THAT THE SCHOOL AND BUSINESS ASSUME NO RESPONSIBILITY IF THE STUDENT DOES NOT QUALIFY FOR THE INTERNSHIP.**

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Signature of Parent

It is the policy of the Muskegon Area Intermediate School District that no staff member, candidate for employment, program participant, or recipient of services shall experience discrimination on the basis of race, color, national origin, sex (including sexual orientation or transgender identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected category (collectively "Protected Classes"), in its programs and activities, including employment opportunities. The MAISD is an equal opportunity employer.