



# Summer Internship Application

## Description

This paid internship offers the student intern hands-on opportunities and valuable experiences that makes them a stronger candidate for the workplace after graduation.

Student interns are expected to:

- Be punctual and dress appropriately,
- Be courteous and respectful,
- Be open to learning and mentorship,
- Be willing to ask questions/ask for help,
- Honor employer's values and follow all company rules,
- Complete tasks and projects on time.

## General Information

1. First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

2. School: \_\_\_\_\_ Grade: \_\_\_\_\_

3. Anticipated Year of Graduation: \_\_\_\_\_

4. Age \_\_\_\_\_ Birthdate (MM/DD/YY) \_\_\_\_\_

5. Are you attending summer school?

YES

NO

6. Are you currently employed?

No

Yes → If yes: Where? \_\_\_\_\_ For how long? \_\_\_\_\_

Will you continue with your current job if awarded an Internship? \_\_\_YES \_\_\_NO

6. Have you participated in an Internship Program previously?

No

Yes → If yes: Where? \_\_\_\_\_ Mentor: \_\_\_\_\_

7. Have you earned any certifications that are recognized by employers (For example: OSHA 10, Certified Nursing Assistant, CPR)?

No

Yes → If yes: Which ones? \_\_\_\_\_

I don't know

8. How will you get to the Internship Site? (Transportation is required): \_\_\_\_\_

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9. Are you currently pregnant, or is your partner pregnant?

No

Yes → If yes: When is your due date? \_\_\_\_\_

What is your childcare plan while attending your internship? \_\_\_\_\_

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10. Do you have any children?

No

Yes → If yes: Please list their first names and ages \_\_\_\_\_

What is your childcare plan while attending your internship? \_\_\_\_\_

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### **Demographics**

We collect basic information on our interns for a better understanding of our program. This information will only be reported in the aggregate (as a group total, not for individuals) and never with your name attached. Thanks for taking a minute to help us out.

11. How do you identify?

Female

Male

Non-binary/other

12. How do you identify? Check all that apply.

African American or Black

Asian

Hispanic, Latino, or Mexican

Native American

White

Other: \_\_\_\_\_

### **Student's Personal Contact Information**

Cell Phone Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

**Interests, Academic Information and Skills**

*Please rank the top 3 areas you would most like to participate in 1-3. (1=first choice, 2=2<sup>nd</sup> choice, etc.)*

\_\_Healthcare & Human Services

\_\_IT & Social Media

\_\_Business Diverse

\_\_City & County Government

\_\_Design & Build

\_\_Education/Youth Programming

\_\_Culinary

*Please rate your skills in the following areas on a scale from 1 to 5 (1-I do not have that skill, 2-I have had some exposure but am not proficient, 3-I have an average level of ability compared with my peers, 4-I am better than average, 5-I am among the top in my class in that area):*

Computer skills (Word, Excel, Outlook, PowerPoint, Google Docs)	1	2	3	4	5
Computer Coding skills	1	2	3	4	5
Writing and research skills	1	2	3	4	5
Customer Service Skills—verbal communication	1	2	3	4	5
On-time, reliable, dependable	1	2	3	4	5
Ability to plan and organize	1	2	3	4	5

**Motivation:** *Attach a separate sheet of paper to this application with your responses to these questions.*

1. Please explain why you would like to participate in this Paid Internship Program. Why did you pick your top career choices?
  
  
  
  
  
  
  
  
  
  
2. Describe a situation when you worked with another adult/group of students to complete a project. How did you contribute to the effort?
  
  
  
  
  
  
  
  
  
  
3. You are a few weeks into your internship and your transportation or childcare plan has fallen through. What are your next steps?

**References**

Please provide the names of two people who could support your candidacy for this internship. Ideally, **one reference should be a teacher or staff member at your school**, and the other be someone who has worked with you in a project or activity outside of school (at a job, community activity, sports team, etc.).

Name of Reference: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Job/Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Name of Reference: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Job/Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

By signing below, you verify that all information you have provided in this application is true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Guardian Permission**

*This section must be completed by a parent or legal guardian if the student is under the age of 18.*

I, \_\_\_\_\_, give permission for my child to participate in the internship program. I understand that my child must provide her/his own transportation to the work site. In the event I cannot be reached for an emergency, I give permission to Future Focused Education to secure proper treatment for my child. I agree to waive and release any and all rights that I, my child, or our representatives may have to make claim against the Future Focused Education, or their respective officers, employees, or representatives arising from injury or damages, including attorney’s fees, that may result from my child’s participation in the internship program. I further agree to indemnify and hold harmless the public schools or their respective officers, employees, or representatives from any claims, including attorney’s fees, which I or my child might make or which might be made on my or our behalf by others, or which might be made against me or my child by others, arising from my child’s participation in the internship program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Daytime telephone number: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Telephone for emergency contact: \_\_\_\_\_

## **REQUIREMENTS FOR PARTICIPATION**

### **We Require:**

To be eligible for this internship program you must meet the following minimum requirements:

- ✓ Able to attend internship 12+ hours per week for 6 weeks (must have own transportation)
- ✓ Able to work in the U.S. (*16 years of age or must have a valid work permit*)
- ✓ *Commit to attending pre-session trainings and weekly cohort support meetings via Zoom or in person.*

\*\*Per Internship Site guidelines, applicants may be asked to complete a background check and drug test prior to start.

**Send completed application to Consuelo Gallegos at [consuelo@lasvegasnm.gov](mailto:consuelo@lasvegasnm.gov)**