

CHILD DEVELOPMENT INTERNSHIP APPLICATION

Name: _____
(Last) (First) (Middle)

Address: _____ Home Phone: _____

_____ Birth date: _____
(month/day/year)

E-mail Address: _____ cell phone: _____

Full Name of Parent(s): _____ Work phone: _____
or Guardian(s) _____ Work phone: _____

Check the semester you prefer placement: _____
fall spring both

List your choices of Elementary or Middle School or Field Site Intern Placement:

1. _____ 2. _____ 3. _____

List grade levels you are interested in working with: 1. _____ 2. _____ 3. _____

Interests: Why are you interested in becoming a child development intern?

What careers are you interested in?

Experience: Describe any paid jobs, volunteer experiences, and/or community service you have performed. Be sure to highlight any experience related to the child development internship you are applying for.

References: Please give the name and phone numbers for a person not related to you who supervised you at the jobs, volunteer experiences, and/or community services you described above.

Additional Qualifications: What is your approximate grade point average? _____
Explain how many days you were absent from school last semester: _____

Child Development Course Information: Complete the following:

Child Development 1A:	_____	Semester grade:	_____
Child Development 1B:	_____	Semester grade:	_____
Child Development 2A:	_____	Semester grade:	_____
Child Development 2B:	_____	Semester grade:	_____
Teaching as a Profession	_____	Semester grade:	_____

Transportation: ***You must be able to provide your own transportation to your internship. What is your plan for transportation? What is your back-up plan?***

Placement Criteria: Do you understand that there are several basic requirements to participate in this program, including consistently attending and performing at your internship site, regularly writing and submitting logs, and quarterly projects. If you are accepted for this program, are you prepared to meet these expectations? Do you also understand that your grade will be based on your performance of these requirements?

(yes) (Date)

(Your signature)

PARENT/GUARDIAN PERMISSION

I have read my son/daughter's application and I give my child permission to participate in the Child & Adolescent Development Internship Program at Blake High School during the fall and/or spring semester. I know that it is my child's responsibility to provide his or her own transportation to the site of the internship. I also understand that neither Workman's Compensation nor the Montgomery County Self-Insurance Fund covers student internships and that student must have health and accident insurance to participate in the internship program.

Parent/Guardian Signature: _____

(Date)