

Winterim Internship Application

Name _____ Grade Level _____ Junior Senior
(Circle ONE)

Address _____

City _____ ZIP _____

Home Phone _____

Parent Name(s):

_____ Cell Phone _____

_____ Cell Phone _____

Parents Email Address(es)

Area of Interest _____

Contact Person _____

Organization _____

Business Phone _____ Cell Phone _____

Address _____

City _____ State _____ ZIP _____

Email Address _____

Please return to Mr. Mroczek by Friday, November 6, 2009.

INTERNSHIP CONTRACT

Last Name _____ First Name _____
Please Print

A brief description of the internship opportunities and responsibilities is _____

Upon completion of internship, student will have met the following mutually (student and internship supervisor) determined goals:

Goal #1 _____

Goal #2 _____

Goal #3 _____

The student will work the hours from _____ to _____ on the
following dates: _____.

Intern's Signature Date _____

Parent's Signature Date _____

Internship Supervisor's Signature Date _____

Please return to Mr. Mroczek by Monday, November 13th, 2009.
{Please continue by completing the following Host Information.}

INTERNSHIP HOST INFORMATION

Contact Person _____

Organization _____

Address _____

City _____ **State** _____ **ZIP** _____

Phone(s) _____

Email _____

NOTE TO HOST: If you have concerns or questions about any of the information included in this contract, please contact the Internship Coordinator as soon as possible.

Likewise, please feel free to share feedback or suggestions!

Statesville area hosts may anticipate a visit from a Statesville Christian School faculty member during the student's internship. A personal contact will be made to determine the most convenient time for this visit.

Jamie Sickmond
Winterim Internship Coordinator
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