

## COMMUNITY CLASSROOM PROGRAM APPLICATION

Name	Date			
Address	City	Zip Code		
Home Phone #	Birth Date _	Age		
Your email address	Your cell ph	one #		
Parents/Guardians	Parents email			
Who should be notified in case of emergency?		Emergency Phone #		
CounselorGI	PA	Expected Graduation Date		
Career Interests: 1.		2		
What are your career goals beyond high school?				
Explain why you would like to become a Comm	nunity Classroom	Intern:		
Type of internship desired:  Languages, other than English, that you speak or				
List other skills (music, art, computers, etc.):				
Classes you have taken or will be enrolled in that				
Career Pathway: (Circle the Career Pathway that Arts & Communication Business, Management, Marketing & Te Engineering, Manufacturing & Industrial	chnology	Health Sciences		
Trimester preferred for internship: Fin	rstSec	ond Third Full School		
Name of your Placement				
Placement Address_		Placement Phone		
Placement fax number	Your job title/role			
Full Name of your supervisor	Supe	rvisor's cell phone		
Supervisors email address		Best time to call supervisor		

Community Classroom interns are expec	ted to provide their own transportation	n, to have regular attend	ance and arrive at their site on	
time, to dress according to the standards	of the organization they are assigned,	and must complete an a	assignment each trimester	
(journals, reports, etc.). Are you able to	meet these expectations?			
Describe any experience or education	related to desired area of internship	ρ:		
Other obligations during internship (jo	ob, sports, school activities, etc.):			
Please list any school and/or other activorganization:			ns you have held in any	
List two personal and professional	references outside of school:		,	
Name	Association/Position	Association/Position		
		_		
will reflect Holland High School P.R.I.D.I habits and you recommend this student for How long have you known student?		w if you believe this stud	ent will display positive work	
How long have you known student?	Teacher Name (Printed)	Signature		
Student Signature & Parent/Guard	lian Permission			
Signature of Student Applicant	ure of Student Applicant		Date	
I hereby give my permission to allo Classroom Program. I hereby authorities for use in placement: teacher records, plus work-related informat	orize the Community Classroon evaluations, student's academic	n Coordinator to rele	ease to prospective internship	
Parent/Guardian's Signature		Da	ite	
Note: Completing this application does n	not ensure a student of an internship	placement or credit.		
Holland Public Schools does not discriminat			tht, weight, marital status,	

handicap, disability, or limited English proficiency in any of its programs or activities. Inquiries regarding the district's non-discrimination policies should be directed to: Director of Human Resources, Holland Public Schools, 156 West 11<sup>th</sup> Street, Holland, MI 49423 (616) 494-2025.