

**CHILD CARE GUIDANCE MANAGEMENT & SERVICES
INTERNSHIP APPLICATION**

Name _____

Mailing Address _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian _____

Address _____

Daytime Phone _____ Evening Phone _____

Is this person to be listed as your emergency contact? Yes _____ No _____

If no, please provide emergency contact information.

Name _____

Daytime Phone _____ Evening Phone _____

ACADEMY SELECTION for 2012-2012 CAB ACME HHS

Have you taken Child Development and Parenting? Yes No

Have you taken Family and Consumer Sciences? Yes No

During second semester internship, will you be able to provide transportation? Yes No

ATTACH RESUME

- Employment History
- Skills and Experience Pertinent to the Internship
- Hobbies

ATTACH CURRENT TRANSCRIPT

ATTACH CURRENT ATTENDANCE RECORD

ATTACH CURRENT DISCIPLINE RECORD

ATTACH THREE LETTERS OF REFERENCE FROM HIGH SCHOOL TEACHERS

SIGNATURES

Student _____ Date _____

Parent/Guardian _____ Date _____

APPLICATIONS DUE APRIL 4TH TO MRS. FOWLER

Final selection is based on teacher approval.