

LEBANON HIGH SCHOOL

Health Careers Program

Health Science Education II -Internship Application

Due to Student Services by March 20, 2020

Coordinator's Use Only

Counselor: _____

Days Absent: _____

Tardies: _____

Discipline: _____

GPA: _____

PERSONAL INFORMATION: DATE / /

Name (Last)	(First)	(MI)	Social Security No.	Current Grade
Home Address			City	State Zip
Home Telephone	Cell Phone	Date of Birth	Age	
Father's Name	Father's Address	Father's Occupation		
Mother's Name	Mother's Address	Mother's Occupation		
Have you ever been arrested for any offense other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain:				
List any activities whether in school or out of school: (Athletics, School, Church, Community)				
Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no license or car, how do you plan to get to your job?				
Do you have any physical limitations which require accommodation in order for you to participate in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain:				

EMPLOYMENT HISTORY:

List current or most recent employer first.

Employer: Address: City: Telephone:	State: Zip:	Dates From: _____ To: _____	Reason for Leaving:
Job Title: Describe Duties:		Supervisor:	
Employer: Address: City: Telephone:	State: Zip:	Dates From: _____ To: _____	Reason for Leaving:
Job Title: Describe Duties:		Supervisor:	

CAREER OBJECTIVES:

State your future career objective: _____

Indicate the internship sites you prefer:

First choice: _____ Second choice: _____

Do you intend to further your education after high school? ☐ Yes ☐ No

Where and what area do you intend to pursue?

- | | |
|--|-------|
| <input type="checkbox"/> College/University | _____ |
| <input type="checkbox"/> Technical/Vocational School | _____ |
| <input type="checkbox"/> Military | _____ |
| <input type="checkbox"/> Apprenticeship | _____ |
| <input type="checkbox"/> Other | _____ |

To the Student:

Health Science Education II program provides you the opportunity for an internship position considered for career exploration in your field of interest. When you participate in the program, you indicate that you are sincerely interested in putting forth your best efforts to receive education benefits and on-the-job training. If you accept this responsibility, please sign in the space provided.

Student's Signature

Date

To the Parent/Guardian:

Do you consent to your son/daughter entering the Health Science Education II internship position for the Health Careers Program and do you agree to cooperate with the school and the internship site in making the training and education beneficial to your son/daughter? If so, please indicate your support and approval with your signature.

Parent/Guardian Signature

Date

ESSAY REQUIREMENT:

Describe your future academic and career goals and how you feel the Health Careers Internship Program at Lebanon High School will help you obtain these goals. Also, share any unusual circumstances, challenges, or obstacles you have encountered in pursuit of your education and how you overcame them. (300-600 words)

**RECOMMENDER'S EVALUATION for
HEALTH SCIENCE EDUCATION - INTERNSHIP PROGRAM**

Student's Printed Name: _____ **Current Grade:** 11

Recommender's Printed Name: _____

Relationship to student: *(Check all that apply)* ☐ Teacher ☐ Coach ☐ Sponsor

5—Significantly Exceeds Expectation
4—Fully Exceeds Expectations
3—Usually Meets Expectations
2—Occasionally Falls Below Expectation/Needs Improvement
1--Unsatisfactory

Attendance	5	4	3	2	1
Gets along with teacher/peers	5	4	3	2	1
Accepts criticism	5	4	3	2	1
Understands instructions	5	4	3	2	1
Follows instructions	5	4	3	2	1
Completes assignments	5	4	3	2	1
Follows classroom rules	5	4	3	2	1
Shows initiative & effort	5	4	3	2	1
Attitude	5	4	3	2	1

COMMENTS: _____

Based on the above criteria, would you recommend this student to represent Lebanon High School in the community? ☐ Yes ☐ No

Recommender's Signature

Date

Return completed form to Student Services by March 20, 2020.