Youth Internship Application Form

Full Name	
Date of Birth	
Age	
Phone Number	
Email Address	
Home Address	
Emergency Contact Name & Relati	onship
Emergency Contact Phone	
Education	
Current School or Last Attended	
Grade Level or Graduation Year	
GPA (if applicable)	
Internship Interests	

Why are you interested in this internship?

What skills, hobbies, or experiences would you bring to this role?

Which area(s) are you most interested in?

- [] Marketing / Social Media
- [] Graphic Design
- [] Administrative Support
- [] Event Planning
- [] Technology / IT
- [] Customer Service

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[] Other:		
Availability		
Days Available		
Hours Available		
Can you commit to the full length of	the internship?	
[] Yes		
[] No - Explain:		
References		
Name		
Relationship		
Phone/Email		
Name		
Relationship		
Phone/Email		
Signature		
Applicant Signature		Date:
Parent/Guardian Signature (if unde	r 18)	Date: