

# Summer Internship Application

Due: June 21st 2009



## Contact Information

Name	
Street Address	
City/ State / ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

## Parent/Guardian Information

Name	
Relationship to you	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	
Can your family provide you transportation to and from the Garden?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## School Information

Grade Entering Fall 2008	
Name of School	
<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Parochial <input type="checkbox"/> Home School	
City/State	
School Phone Number	
If you are changing schools in the fall what is the name of your new school?	
<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Parochial <input type="checkbox"/> Home School	
City/State	
School Phone Number	

## Availability

Will you be able to commit to working the following dates and times?  Yes  No

The program runs from: **June 29<sup>th</sup> 2008 – August 21<sup>st</sup> 2009**

The scheduled work hours are: **Monday – Friday** (excluding holidays) **9:00am – 1:00pm**

**Some Saturdays, 9:00 am – 12:00pm**

**What do you like to do during your free time?**

**What are your plans after high school? What careers sound interesting to you? Why?**

**Why do you want to become a City Green Intern?**

**Describe one thing you can do to help the environment.**

**Have you ever been in charge of younger children before? What was it like?**

**Have you ever taught someone something? How did you do it?**

**References**

Please submit two letters of reference. (1) A teacher must provide one letter of reference. (2) The other reference should be from an adult who knows you well but who is not a member of your family.

Name		Name	
Position		Position	
Daytime Contact #		Daytime Contact #	

**Agreement and Signature**

Please consider my application for City Green's Summer Internship Program. If I am accepted, my family and I will not plan special events or vacations during the summer training program.

Name (printed)	
Signature	
Parent/ Guardian Name	
Signature	
Date	