

North Country Workplace Education Program Application

In partnership with:

Lisbon Regional School
Sam Nattie, Principal
Michael M^cKeever, *Coordinator*

Littleton High School
Alan Smith, Principal
Alan Smith, *Coordinator*

Profile High School
Kerry Sheehan, *Principal*
Nancy Bartlett, *Coordinator*

STUDENT INFO

Student Name: _____ Grade: _____

Home Phone Number: _____ Cell Phone Number: _____
(for being reached after school hours – possibly during the summer)

E-mail Address: _____

Mailing Address: _____

Physical Address: _____

Mother's name: _____

Mothers contact information: _____

Father's name: _____

Fathers contact information: _____

Additional emergency contact: _____

Additional emergency contact phone number: _____

Do you have access to daily, reliable transportation during participation in this program?

☐ Yes ☐ No

Current Credits Earned: _____ Grade Level internship will take place: _____

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## INTERNSHIP INFO

What is your area of interest? \_\_\_\_\_

What skills do you have that will assist you in completing this internship?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

During which block/semester do you want to complete your internship? \_\_\_\_\_

Desired site of internship: \_\_\_\_\_

Have you personally contacted anyone at this facility in regards to an internship?

☐ Yes      ☐ No

If so, who did you contact?

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact #: \_\_\_\_\_

I understand that internship placements are competitive and that completing this application is **not** a guarantee that I will be provided with a placement.

Student Name: \_\_\_\_\_  
Printed

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I grant permission and will provide support for my son/daughter to participate in an internship program that will earn credit while the student is away from the school building during the school day.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_