

Internship Request

Internship Interest & Parent Permission Form

Student Information: Name:	
School:	
Phone:	Ok to text internship information? Y / N
Email:	Do you prefer email or text?
Date of Birth: AGE:	When will you turn 18?
GPA: Grade	Are you a current CTC student? Y / N If so, what program?
Are you employed? If s	o, where?
How many hours do you work?	
Are you a CTC Student? Y/N What program at the CTC? What are your career interests?	
☐ I UNDERSTAND THAT THE SCHOOL AI THE STUDENT DOES NOT QUALIFY FO ☐ I GIVE MY CONSENT FOR THE MAISD T PHOTOGRAPH, IMAGE/VOICE ON A VII	ARDING A POSSIBLE INTERNSHIP PLACEMENT. ND BUSINESS ASSUME NO RESPONSIBILITY IF DR THE INTERNSHIP. TO USE MY CHILD'S PORTRAIT, PICTURE, DEO RECORDING, AUDIO RECORDING TO AISD OR THE PUBLIC SCHOOLS OF MUSKEGON
Signature of Parent	

It is the policy of the Muskegon Area Intermediate School District that no staff member, candidate for employment, program participant, or recipient of services shall experience discrimination on the basis of race, color, national origin, sex (including sexual orientation or transgender identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected category (collectively "Protected Classes"), in its programs and activities, including employment opportunities. The MAISD is an equal opportunity employer.