

CRAWFORD COUNTY SCHOOL-TO-WORK

Summer Internship Program

Application Form

Student Name: _____

School: _____

Guidance Counselor Name: _____

Home Address: _____

Home Phone: _____

Internship Business: _____

Internship Title: _____

Conditions:

- *I understand that I am applying for a Summer Internship Opportunity and that an internship placement is not guaranteed.*
- *I understand that I will receive no academic credit for participating in this program.*
- *I release the Crawford County School-to-Work Partnership and its affiliates of any liability, claims, demands, damages, actions and causes of action arising from or connected in any way for my participation in this program.*
- *I grant the Crawford County School-to-Work Partnership the right to use my photograph in any official publicity pieces. Publicity pieces include, but are not limited to, news releases, publications, videos and web use. I understand that I will receive no compensation for the use of my photograph.*

Student Signature: _____ Date _____

NOTE: Applicants under 18 years of age must have a parent/guardian signature to be considered for an internship.

Signature of Parent/Guardian: _____ Date _____

Send this application form along with your resume to:

**Crawford County School-to-Work
860 Thurston Road
Meadville, PA 16335**

NOTE: Make sure that any additional information that was requested by the business/agency is included with this application.