



ISLANDWOOD
A SCHOOL IN THE WOODS

INTERN APPLICATION

INTERNSHIP APPLYING FOR: _____

CONTACT INFORMATION:

Ms./Mr./Dr./ etc. _____ First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

How would you prefer being contacted? Phone E-mail Mail

High School Student College Student Graduate/PhD Student Alumnus/Not in School

School Most Recently Attended: _____

If under 18 years old, parental consent is required.

Parent/Legal Guardian Signature: _____

AVAILABILITY *(Please mark all that apply)*:

Less than 15 hours/week 15 – 20 hours/week More than 20 hours/week
 Fall Quarter Spring Quarter Winter Quarter Summer Quarter
 Weekdays Weekends Evenings Other

INTERESTS & SKILLS *(Please indicate which skills you have AND would like to utilize as an intern at IslandWood)*:

Gardening/Landscaping Science Research Hospitality
 Word Processing Technology Creative/Graphic Arts
 Serving/Kitchen Experience Working with Children Photography

Other: _____

How did you learn about this internship?

Please describe any training or formal education you have had that might help you to intern at IslandWood.

Please describe any paid or volunteer work experience you have had that might relate to your interest in interning at IslandWood.

Can you perform the essential functions of the job with or without reasonable accommodations?

Why do you want to intern at IslandWood?

What do you want to give to, and what do you want to receive from this experience?

What are your internship requirements?
