



## APPLICATION FOR THE HEAVY METAL SUMMER INTERNSHIP 2023

Applicant's Name \_\_\_\_\_ High School \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Applicant Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

---

### Applicant

I meet the following qualifications for the Heavy Metal Summer Internship (Initial next to each qualification):

- \_\_\_ I have completed my sophomore year (10<sup>th</sup> grade) of high school prior to the internship.
- \_\_\_ I am between 15 to 18 years of age.
- \_\_\_ I am available to work the entire 3 week, 9 session program.
- \_\_\_ I understand that I must provide my own transportation to and from my school.
- \_\_\_ I am willing and able to follow all policies and procedures.
- \_\_\_ I have permission to participate from my parent or legal guardian.
- \_\_\_ I understand that my parent or legal guardian and I must sign a release for minors prior to starting the internship.
- \_\_\_ My resume is attached.
- \_\_\_ I am providing a letter of recommendation from either: a teacher, administrator or school staff member, and employer or community member.
- \_\_\_ I am including a letter of interest addressing why this internship would benefit me in my post high school plans.

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

### Parent/Guardian

My Child meets the qualifications for the Heavy Metal Internship, and I give my permission for their involvement.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

---

School Administrator or Office Staff \_\_\_\_\_

Title \_\_\_\_\_ Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_



**HEAVY METAL SUMMER EXPERIENCE  
PARENT / GUARDIAN PERMISSION FORM**

***Live in Peace Heavy Metal Experience Informed Consent***

As we look to expand job readiness skills students, school districts and companies are working together to aid in job type experiences. This educational activity is a non-paid position with a business host. The student may be asked to perform work-related activities during this experience and may not be under the direct supervision of school personnel.

Student Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ (Circle) Male / Female / Non-Binary / Other \_\_\_\_\_

**In case of an emergency:**

Parent / Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please identify by name and relationship (friend/relative) \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone \_\_\_\_\_

List any medications or allergies:

\_\_\_\_\_

List any physical or mental impairment that substantially limits activity and requires accommodations:

\_\_\_\_\_

Medical Insurance/Carrier: \_\_\_\_\_ Policy Holder \_\_\_\_\_

☐ Group Subscriber # \_\_\_\_\_

☐ State Medical Coupon / Award # \_\_\_\_\_

**Student Transportation:**

☐ Provide own transportation.

☐ Parent/Guardian

☐ Public Transportation

☐ Walk

Student Shoe Size \_\_\_\_\_ Student Unisex T-Shirt Size \_\_\_\_\_

Parent signature authorizes emergency medical treatment and permission for the student to participate in the Heavy Metal Summer Experience.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_