



APPLICATION FOR THE HEAVY METAL SUMMER INTERNSHIP

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 (10th grade) of high school prior to the internship.
- I am between 15 to 18 years of age.
- I am available to work during each day of the program, barring any unforeseen circumstances.
- 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 _____