



PEER INTERNSHIP APPLICATION

Application Deadlines

<i>Fall Semester</i>	<i>Spring Semester</i>
<i>September 1st</i>	<i>December 1st</i>

CANDIDATE INFORMATION

Last Name

First Name

Primary Phone Number

Email Address

PARENT INFORMATION

Last Name

First Name

Primary Phone Number

Email Address

CURRENT ADDRESS:

Street Address:

City:

State:

Zip:

DATE OF BIRTH (mm/dd/yyyy): _____

ANTICIPATED GRADUATION DATE: _____

APPROXIMATE DATES OF AVAILABILITY FOR INTERNSHIP:

Start Date: _____ End Date: _____

Please fill out what days and hours that you are available to work. This information will help us discover which internships match with your availability:

Example

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	8:00 AM		8:00 AM	4:00 PM	1:00 PM	
To:	9:30 AM		9:30 AM	5:00 PM	4:00 PM	
From:	3:30 PM					
To:	5:50 PM					

Please list the days and hours that you are available to work:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:						
To:						
From:						
To:						

ARE YOU A STUDENT DRIVER? (Check one) YES NO

If you are not a student driver, will you have reliable and consistent transportation to an internship? (Check one) YES NO

PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES:

PLEASE LIST WHAT TYPE OF INTERNSHIPS YOU'RE INTERESTED IN:

ADDITIONAL APPLICATION REQUIREMENTS:

1. Submit a **brief video** stating:
 - Why you want to be a Peer Intern;
 - Why you should be selected.
 - Videos can be *45 seconds to 2 minutes* long.
2. Submit a **copy of your resume**. You will create an updated resume at the end of your internship, reflecting the work you have completed.

Submit application, video, and resume to the Student Life Coordinator (candace.morris@nexthighschool.org) by the application deadline. Submissions received after the application deadline will not be considered until the following academic semester.

By signing my name below, I certify that I have read the above information and that I have answered everything accurately to the best of my knowledge. My signature also certifies my understanding of and agreement with the above policies.

Peer Signature

Date

Legal Guardian Signature

Date