

# River Dell Regional High School

Senior Internship Application  
2020-2021

Circle One:

Full Year

Semester One

Semester Two

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

Email: \_\_\_\_\_

Counselor: \_\_\_\_\_

Career Goals:

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Type of Internship Desired: (List in order of preference)

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Please list special Interests/Abilities – Include volunteer or community service experiences, foreign language or computer skills, academic specialty or extracurricular activities:

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Please list any work experiences:

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Do you have your own means of transportation?

Yes

No

Do you have a Resume?

Yes

No

List Your Sports & The Seasons: \_\_\_\_\_