

**Internship Application for Kingston City School District  
Local Businesses**

Please note: We prefer applications are submitted via e-mail. Please remember to complete all sections of this application. See our website for complete instructions. Thank you for your interest!

**1. Company Contact Information**

Name of Company:		Date:	
Company street address/Location of Internship:		City:	State: Zip:
Company phone:	Other phone:	E-mail address:	
Contact Person at Company (Last, First):		Are you able to accept students 14-20 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not what age range are you able to employ?	
Internship Title:		Please indicate the type of internship you are offering: <input type="checkbox"/> Paid <input type="checkbox"/> Service Learning (unpaid)	

**2. Type of Internship**

Internship type:

Non-profit  government or social service agency  Private, for-profit or commercial company

Have you posted an internship online with us before?

Yes  No  This is our first time

**3. About this Internship**

Number of internships/paid positions available: \_\_\_\_\_

Project description:

\_\_\_\_\_

Intern responsibilities:

\_\_\_\_\_

Required intern qualifications:

\_\_\_\_\_

Desired outcomes of internship:

\_\_\_\_\_

**3. Timeline**

Start date:

End date:

Hours per week:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**4. Application Verification**

**THIS FORM IS NOT VALID WITHOUT YOUR SIGNATURE. PLEASE READ BEFORE SIGNING: The statements above are true to the best of my knowledge.**

Signature \_\_\_\_\_

Date \_\_\_\_\_