

Internship Application for Kingston City School District Local Businesses

Please note: We prefer applications to be completed and submitted via the email address below. Please remember to complete all sections of this application. 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:	Email Address:
Contact Person at Company (Last, First):		Are you able to accept students 14-20 years of age? _____ Yes _____ No
Internship Title:		If not what age range are you able to employ?
		Please indicate the type of internship you are offering: _____ Paid _____ 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 available: _____

Project description:

Intern responsibilities:

Required intern qualifications:

Desired outcomes of internship:

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4. Timeline:

Start Date: _____ End Date: _____ Hours per week: _____

	From	To		From	To
Sunday			Thursday		
Monday			Friday		
Tuesday			Saturday		
Wednesday					

5. 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: _____

Please submit application via email to:

TMcGary@kingstoncityschools.org

Mailing Address:

Kingston High School

Attention: Tina McGary (W102)

403 Broadway

Kingston, NY 12401