



First Name _____ Last Name _____

High School _____ I.D. Number _____

Internship Career Areas

Art	Healthcare
Architecture	Journalism
Automotive	Law
Business	Manufacturing
Computer Technology	Pharmacy
Culinary Arts	Physical Therapy
Education	Veterinary Medicine
Engineering	Other _____

1st Choice _____

2nd Choice _____

3rd Choice _____

I wish to participate in the SUMMER Internship Program

I met with my Guidance Counselor _____ on _____.
Name Date

What class(es) related to this career have you completed?

Describe the Career Nights, Career Treks, or Field Trips you have attended:

1. What interests you about the District Internship Program?

2. What goal(s) do you hope to accomplish by participating in the District Internship Program?

3. How will working within your chosen field help you meet your life and career planning goals?

4. What motivates you to do your best?

5. What strategies do you use to solve a problem?

How do you decide how much time you devote to solving a problem before giving up?

6. What classes or activities, related to the career in which you chose to intern, have you been involved in? (Consider both in and out of school experiences).

District 214 SUMMER Internship Program Syllabus Agreement

Students,

The District Internship Program is a great opportunity which allows students to get an inside look at a career field. In order for the program to be successful, interns need to adhere to the rules and responsibilities which come along with the program. Please read the [Summer Internship Course Guidelines](#) and discuss them.

If you have any questions please do not hesitate to contact Krista Paul. (847) 718-7947 or krista.paul@d214.org.

Student Name: _____

Address/City/State/Zip: _____

Email Address _____ Cell Phone _____

I understand the rules and responsibilities of the District Internship Program.

I understand if I do not abide by Internship rules I may be dropped from the course.

Student Signature _____ Date _____

Creating digital signature in Acrobat Reader

To create your digital signature file follow these steps:

1. Click on the "Signature Field" in the PDF form. The signature field is indicated by a red arrow in the top left corner of the field
2. Select "I want to sign this document using a new digital ID I want to create now" Click "Next"
3. Select "New PKCS#12 digital ID file" and click "Next"
4. Fill out the "Identity Information" and click "Next".
(Name and email address is sufficient)
5. Specify the location on your computer where you want to store the digital signature file.
Enter and confirm the password that you want to use for the digital signature file.
Click "Next."

NOTE: Make sure to save the file in a location that is easy to remember and use a file name that will be easy to find. Store the password in a safe location. You will have to enter this password when signing PDF documents in the future.

Once this form is fully complete:

Save this file as First Name. Last Name. ID Number. SUMMERINTERNAPP and e-mail it to internprogram@d214.org

Send the SUMMERINTERNPARENTREC form to a parent for completion.

Send the SUMMERINTERNTEACHER1REC form to a teacher for completion. Send the SUMMERINTERNTEACHER2REC form to another teacher for completion.