



Zionsville Work-based Learning Application

Last Name _____ First Name _____ Date of Birth _____

Preferred Email Address _____ 2023-24 Grade Level (circle one): 11 12

Parent/Guardian Name _____

Parent/Guardian Phone _____ Parent/Guardian Email _____

If you have a resume, please include it with this application. If not, please enter any work or volunteer experience below:

Organization/Company	Dates	Position

What are your plans after high school?

How does this internship fit into your plans?

Do you have an internship placement? If so, list information below (organization, address, supervisor)

If you DO NOT have an internship placement, please describe your interest in the space below:

Work-based Learning provides an opportunity for career exploration in your field of interest. It will allow you to use previous classroom knowledge and apply it in a real-world setting. By participating in this program, you agree to abide by all policies of the school and hosting site.

Student Signature _____ Date _____

Travel Authorization Waiver

My student _____ has permission to leave school to participate in the school-sponsored Work-based Learning Internship Program at the following training site: _____ during the school day for the duration of the semester and/or school year. Furthermore, I give my student permission to either drive themselves or ride with another ZCHS student from school to the internship site.

I accept full responsibility and will not hold Zionsville High School or any of its employees liable in case of accident or injury.

Please mark the option that your student will be using for the majority of the time:

- I will be transporting my student to the internship site
- My student will transport themselves to the internship site
- My student has permission to ride with another student to the internship site (list name of student below) _____
- My student has permission to transport themselves and another ZCHS student to the internship site. (list the name of the student below) _____

I have read the Travel Authorization Waiver and agree with its terms

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent Phone Number: _____ Email: _____

Student Name _____

Student Name Signature: _____ Date: _____

Emergency Contact Name: _____ Phone Number: _____

Parent Signature _____ Date _____

Zionsville Community High School Work-based Learning Recommendation Form

Candidate Name _____ Today's Date _____

Recommender's Name _____ Email _____

How do you know the candidate? _____

How long have you known the candidate? _____

Rate the following (1 lowest – 5 highest)

Trait	1	2	3	4	5
Work Ethic					
Attendance					
Self-Motivation					
Maturity					
Respect for Others					
Creativity					

What strengths does this student possess?

What challenges does this student struggle with?

Recommender Signature: _____