

Internship Program Application

Youth Information

☐ Youth has attended orientation. Date: _____ Initial: _____

First Name: _____ Middle: _____ Last: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: _____

Birth date: _____ Age: _____ Gender (Circle one): Male / Female

Ethnicity: () African American () Asian (please specify) () Hispanic

() White () Other (please specify) _____

What language(s) do you read/write fluently? () English () Other (please specify) _____

School or Educational Background: () Junior High School () High School () Other (please specify) _____

Name of School: _____ Grade _____

What do you expect to get out of this program?

Site Information

Site Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Youth Supervisor: _____ Title: _____

E-mail Address: _____ Web Address: _____

Youth & Parental/Guardian Consent

I relieve the Juvenile Probation Department, employees, City Youth Now and staff of any liability for any injuries and/or losses resulting from my child/my involvement in City Youth Now's Internship Program.

Parent/Guardian's Name (please print): _____ Relation: _____

Parent/Guardian's Signature: _____ Date: _____

Probation Officer Information

P.O. Name (please print): _____ Unit: _____ Phone: _____

Briefly explain why you have recommended this youth for the Internship Program?

I have read and agree to follow the City Youth Now Internship policies and procedures.

Probation Officer's Signature: _____ Date: _____