



School Intern Application

Please select the time of year you would like to serve.

September -December () January-June ()

All year ()

Name _____ School Phone _____

School Name _____

Address _____

City/Town _____ State _____ Zip _____

School e-mail _____ Gender _____ Date of Birth _____

Please answer briefly on the back of this sheet or on an additional piece of paper. :

1. What work experience have you had so far? These experiences may have been paid or unpaid.

2. What do you hope to gain from your internship at DEI?

DEI staff or emergency medical staff may take appropriate action in an emergency situation if I or the emergency contact cannot be reached.

YES NO

I understand there is no monetary compensation for my internship; I have read and will adhere to the Guidelines for School Interns.

SIGNATURE

(Intern) _____

I give permission for photos taken while I serve as an intern may be used by DEI. **YES NO**

SIGNATURE

(Parent/Guardian) _____ Date _____

Name printed: _____

**Return to your school principal who will forward your application to : Downeast Institute;
Attn. Colleen Haskell – School Internship Program; PO Box 83 Beals, Maine 04611**