



Student Internship Application

An internship can provide a unique and rich experience for students in meeting their academic and career goals. Please use this form to request an internship from Kansas State University faculty and/or staff to assist in your goals. Please submit a separate form for each Internship request.

Internship requests are dependent on the availability of faculty, staff, and industry partners. All requests will be reviewed and you will be notified of the status (approved or denied) of your request in a timely manner. Internships are an unpaid position, and may be terminated if objectives agreed upon by the staff are not being achieved. There are four requirements that must be satisfied before an internship may commence. The student must:

1. be enrolled in grades 11-12 and reside in Johnson County,
2. fill out an application,
3. participate in an interview, and
4. fill out a Consent/Waiver Form to participate in this opportunity (last page of this 5-page document).

Instructions: After completing all information, either scan this document and attach it to an e-mail, or mail your completed document to:

Martha Nowak, M.Ed.
 K-12 Engagement Coordinator
 Kansas State University Olathe
 22201 W. Innovation Drive
 Olathe, KS 66061
msnowak@ksu.edu
 main: (913)541-1220
 direct: (913)307-7321

Applicant Information		
Last Name	First	Date
Primary Address		Apt/Unit
City	State	Zip
Phone	Cell Phone	
Email address:		
Date of Birth (mm/dd/yyyy):		
How did you hear about our internship program?		

School District Internship Coordinator Information		
Last Name	First	Date
School Street Address		
City	State	Zip
Phone	Cell Phone	
Email address:		

Intern Availability

Please check semesters of availability:

Fall
 Spring
 Summer
 Other, please explain: _____

Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (approx. 7-1)							
Afternoon (approx. 1-5)							
Evening (approx. 5-9)							

Areas of Interest

Please indicate which area interests you:

Animal Health
 AV/IT
 Food Safety/Science
 Education
 Events
 Horticulture
 Marketing/Communications
 Research
 Urban Food Systems

Experience/Education and Skills

Current employment status:
 Full-time
 Part-time
 Not Employed

Current or most recent paid position held:

High School Name:	School District Name and USD #:
Grade Level <input type="checkbox"/> Junior <input type="checkbox"/> Senior	In what 21 st Century or Career & Technical Ed. Program of Study are you enrolled?

Do you speak any other languages?

Yes No
 If yes, please list language: _____
 Fluent Semi-Fluent Basic

Computer Skills/Software Used:

Personal Information

Why are you interested in an internship in our organization?

What specific experience would you like to gain through this internship?

Describe your long-term career goals:

Professional References

Name	Relationship and contact info (e-mail and phone number)

Disclaimer and Signature

I certify that my answers above are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.

Signature:

Date:

General Teacher/Parent/Guardian Information:

A teacher, parent, and/or legal guardian information is required in order to participate in this opportunity.

Relationship to student _____

Salutation _____

Last Name _____

First Name _____

School/ Business _____

Program / Dept. (if teacher) _____

(In case of emergency) Phone Number _____

E-mail _____

At Kansas State University Olathe, we respect your right to privacy and your requirements to control personal information. "Personal information" includes, but is not limited to, name, address, telephone number, and e-mail address. Kansas State University Olathe does not sell, share, swap or otherwise disclose any personal information without your consent. For full statements and disclosures, please visit <http://www.k-state.edu/disclosures/>

Waiver/Consent Form

Last Name _____ First Name _____ MI _____

Ethnicity/Race: American Indian/ Asian/ Black/ Pacific Islander/ Hispanic/ Mexican/ White (Please circle)

Gender _____ Birthdate _____ Age _____ Grad Year _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Alternate Phone _____

E-mail address: _____

In Case of Emergency

Last Name _____	First Name _____	Relation to Participant _____
Primary Phone _____	Alternate phone _____	

Please read and initial each of the following statements, and sign below:

_____ I understand that K-State assumes no liability for injury or damages arising from the result of participation unless due to willful fault or gross negligence on the part of K-State.

_____ I give my permission to allow K-State to share my contact information with other programs on the K-State campus that offer a variety of opportunities for students.

The Undersigned does hereby give consent to the reproduction of the participant image, by means of digital or magnetic audio/video recording, or still or motion photography. I understand that the use of the image will be primarily for the promotion of academic and service programs available through Kansas State University or its agents or associates. I hereby consent to the reproduction of participant image and likeness on the web-site of K-State Olathe, which are accessible via the internet. This consent shall be a continuing consent with no limitations or reservations, except those stated herein. The Undersigned and participant understand all rules and guidelines.

Signature of Participant _____	Date _____
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Signature of Parent/Guardian _____ (Required, if Participant is under the age of 18)	Date _____
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