

# 2017 Student Application



Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Emergency Contact/Number: (If parent cannot be reached) \_\_\_\_\_

List hobbies/interests, favorite school subjects and office/computer skills: \_\_\_\_\_

\_\_\_\_\_

If you need assistance or special accommodations, (i.e., interpreter for hearing impaired) please describe here:

\_\_\_\_\_

What are you expected outcomes of the Vitallink internship? What would you like to gain from the Vitallink Internship? \_\_\_\_\_

\_\_\_\_\_

## Parent's Permission, Release and Indemnity for Internships

I hereby certify that my son/daughter (circle one), \_\_\_\_\_, has my permission to participate in the Vital Link Internship program for the Birdville Independent School District, in partnership with The Northeast Tarrant Chamber. I understand I am responsible for arranging transportation for my student both to and from the workplace from June 5-8, 2017.

To the best of my knowledge he/she is physically fit to engage in such activity.

I agree and do hereby waive and release all claims against the Birdville Independent School District and any teacher, employee, business employee or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury that may be suffered or any loss of property that may occur to my son/daughter.

It is understood that no child will be allowed to participate in this activity until this form is signed by his/her parent or guardian and an Orientation meeting is attended by the student and a parent or guardian.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2017.  
*number month*

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Address City Zip**

Questions? Call 817-547-5431

**Submit by April 7, 2017**