



Triskeles

PRACTICE ALIGNED WITH PURPOSE

TRISKELES' GREEN INTERNSHIPS

Student's Initial Interest/Information Form

We appreciate neat, legible printing on all forms!

Student's Name:		Today's Date:	
Street Address:			
City:		State:	Zip Code:
Home Phone Number: ()		Cell Phone: ()	
E-Mail Address: _____ @ _____			
Parent/Guardian's Name(s):			
Parent/Guardian's E-Mail Address(es):			

What is your date of birth?	What grade are you in currently?	What is your GPA?
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Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No
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What is the date range that you are available for an internship?
How many hours per day are you available for an internship?
What is the total number of hours that you are available for an internship?
Do you have any special interests/skills that you would like us to keep in mind when determining an appropriate internship for you?

School Name:		
Street Address:		
City:		State:
		Zip Code:
Teacher/Supervisor's Name:		
Phone Number: ()		Email Address:

Please complete this application, and give it to your school coordinator, if applicable, or fax/email it to Mark Birdsall, Director of Youth Programs, Triskeles Foundation.

707 Eagleview Boulevard, Suite 105 ♦ Exton, PA 19341

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