

Student Information

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Intern Application Form

Name		
		Zip Code
Graduation year	high school / colle	ege (please circle which)
School of graduation		
If attending high school, you	ır current grade level	
If attending college, your cur	major	
If college graduate, your maj	jor	minor
If under 18 years of age		
Parent(s) / legal guardian(s)		
Address if different from abo	ove	
Contact number(s)		and
Teacher Information (if	attending high school)
Name		
School		
Contact phone	email	
Student and Parent Agre	<u>eement</u>	
I understand that this is a counderstand that I will be ask aquarist. I agree to follow the papers. I understand that if	ommitment of character, rated to participate in group ted to participate in group te dress and behavior poli for any reason I fail to me	for placement in Team ECCO Intern Program. esponsibility, time, energy, and initiative. I also meetings, projects, daily work of a Team ECCO cies so confirmed by my signature on such set the guidelines and policies set by Team
Signature of Applicant _		date
		O Intern Program. If my child does not have them. I also agree to and understand the above
Signature of Parent / Gu	ardian	date

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Intern Information



* Please answer the following as they pertain to your personal education / life level. You may use the blank additional sheet if more space is required.

What extracurricular activities do you participate in at school?
How would you manage your time between school, activities, and intern responsibilities?
What is your favorite subject? Why?
What skills or experiences have you had that would benefit Team ECCO?
Why are you interested in the Team ECCO Intern Program?
What are your strengths and weaknesses?
Why should your application be accepted?