



SUMMER YOUTH INTERNSHIP PROGRAM APPLICATION FORM



PERSONAL DATA

Student Information

Last Name	First Name	Middle Name
Address & City/Town		Postal Code
Phone	Date of Birth	Grade
School	School Division	SIN
Email Address		

Parent Information

Mother/Guardian Name	Work Phone
Address & City/Town (if different)	Postal Code
Mother/Guardian Email Address	
Father/Guardian Name	Work Phone
Address & City/Town (if different)	Postal Code
Father/Guardian Email Address	

Health Information

Doctor Name	Phone
Health Care No.	
Important Medical Information	
Name of 1 st Emergency Contact	
Day Phone	Evening Phone
Name of 2 nd Emergency Contact	
Day Phone	Evening Phone

Parental Support

I support involvement in the Youth Summer Internship program for the above named student.

Mother/Guardian Signature

Father/Guardian Signature

INFORMATION RELEVANT TO PROGRAM

1. What trade are you interested in:

(from this list, please rank your 1st, 2nd, and 3rd choice)

carpentry dry walling electrical steel fabricator
 plumbing welding flooring masonry
 roofing mechanics electronics assembler
 automotive prep cook

2. Are you able to provide for or arrange transportation to and from your work placement site on a daily basis? Yes No

3. Are you available to start between June 29- July 3, 2009 and continue working until August 14, 2009?
 Yes No

4. Do you have any of the listed courses:

WHMIS	Yes	No
CPR	Yes	No
First Aid	Yes	No
Construction Safety Course	Yes	No
Saskatchewan Youth Apprenticeship	Yes	No
If yes, level completed	1	2 3
Other(s) not listed:	_____	

5. Indicate what your favourite school subjects are and briefly explain why for each one.

6. Identify your strongest work related skills and explain why these are your strongest.

7. List work related skills that you have identified to focus on and improve; explain why you believe you need to improve on these skills.

8. In a paragraph describe the special qualities that would make you a good candidate for the Summer Youth Internship Program.

9. Please **include your resume with this application.**

10. Please have **TWO** teachers complete the attached teacher recommendation form.

Please submit this application form through the designated person in your school to:

**SIEC Office
Summer Youth Internship Program
602 Lenore Drive
Saskatoon, SK S7K 1E6
OR
fax to 657-3999**



TEACHER RECOMMENDATION FORM

This student is applying for a summer youth internship. This position requires dedication and commitment to a full time job during the summer in a trades-related area. This student will be responsible for learning many new skills; working independently and showing great respect to his/her employers.

It is in the best interests of the students, the school, and the community, that a student, who takes part in cooperative education activities outside of the school, be perceived in a positive manner. When assessing the eligibility of a student for the summer youth internship program, it is important we feel confident putting them into this type of work environment. To that end we are asking you to provide some information on the student identified below. This information will form part of the basis on which the student's eligibility for this program will be determined. Thank you in advance for your comments.

Please indicate your perception of this student with respect to the following chart by placing a check mark on each line below the appropriate number.

	Poor	1	2	3	4	5	6	7	8	9	10	Excellent
1. Attitude												
2. Attendance												
3. Punctuality												
4. Work Habits (use of class time)												
5. Ability to stay focused on a task												
6. Work Quality												
7. Demonstrates respect												
8. Demonstrates maturity												
9. Demonstrates responsibility												
10. Demonstrates initiative												
11. Demonstrates common sense												
12. Demonstrates problem solving ability												
13. Demonstrates leadership												

Student Name _____ Subject Area _____

Teacher Name _____ Phone Number _____

School Division _____

I, _____, (do, do not) recommend the above named student be accepted into the Summer Youth Internship Program.

Please fax to the Industry Education Council Office: 657-3999 or mail:

SIEC, 602 Lenore Drive, Saskatoon, SK S7K 6A6

