

Student Information

Last Name:	First Name:	Middle Name:
Address:		Gender: Male Female Other
City:		Postal Code:
Email:		Home phone:
School Name:		Cell phone:
Birth Date: dd-mmm-	AB Student #:	https://learnerregistry.ae.alberta.ca/Home/StartLookup
Anticipated Year of Graduation:	I	Indigenous, please check one of the following:
	(Information is for statistical purpo	oses only)
	First Nation	(name of Nation)
Program Information		
Please select all that interest you. All attempts	will be made to place students in their	desired choice, which is of course subject to availability.
Agribusiness Systems		Food Products and Processing Systems
Agricultural Economist, Agricultural Loan Of	ficer, Sales Manager	Biochemist, Food Scientist
Animal Systems Animal Breeder, Animal Geneticist, Veterina	arian	Natural Resources Systems Ecologist, Forest Technician, Microbiologist
Environmental Service Systems	ui ai i	Plant Systems
Agricultural Products Sales Representative,	Hazardous Materials Handler,	Botanist, Farm/Ranch Manager, Forest Geneticist
Recycling Coordinator		•
Power, Structural, and Technical System Agricultural Engineer, Agricultural Equipme		Manager
Are there specific occupations you are inter		·
Are you currently enrolled or have you prev	viously completed an agriculturally	related dual credit course or program? Yes No
If Yes, please provide details:		
Name of Off-campus Teacher:		
Additional Information		
Internships may be available for part-time or fu		ot guaranteed. Check all that apply.
Yes I am interested in an internship part to		
V		ester 2 Afternoon (ie. 12:30 pm – 4:30 pm)
Yes Summer internship (max 40 hours/w Unavailability/Availability outside of the above	, <u> </u>	9
		an include driving yourself, getting a ride, or taking transit.
	hen do you anticipate getting your Driv	
Please note that some employers may require r employment period. Failure to pass a drug/alcol	_	fore the start of their internship placement or during their eing allowed to proceed with the internship.
Student Agreement:		
I, the applicant, certify the information given in		sume, and cover letter is true and complete to the best of my
, ,		potential internship. I agree to attend any safety courses or
• •	or individual programs. I understand th	at applying for any off-campus program does not guarantee that I
will receive an internship Student Signature	Da	dd-mmm-yy
Photo Release Agreement:	Da	
	photographed interviewed or videota	ped. These photographs, interviews, testimonials and/or
		nool Divisions for internal program promotion or by external media
for release to the general public. I, the applicant	t, understand the information provided	above and hereby give consent for the use and disclosure of
	nials, interviews and/or videotapes reg	arding my internship, for the purposes specified above. Yes
No		
Nordant Cinnatons	Date	dd-mmm-yy

You may choose to print and sign, then scan application and send, or by adding your name to the signature lines, you are formally signing the document.

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Parent information	
Parent/Guardian Information and Emerger	ncy Contact
Parent 1 Name:	Parent 2 Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell:	Cell:
Email:	Email:
excellent opportunity for your son/daughter to gain confide Acceptance is based on your son/daughter's expressed in by the applicable school coordinator. The employer makes Expectations: Employers expect a student to be available to work on a conternships: The positions CAREERS: The Next Generation has acqui	are treated as young adults, expected to show maturity and sound judgment. This is an ence in making an educated career choice from their experience with the program. Interest in this program, meeting the program criteria, and having the application approved is the final placement decisions through the interview process. Consistent, punctual basis according to the employer's schedule. It is a competitive program and it is a competitive program and it is a competitive program and it is a complex select the candidates through their interview process.
Parent/Guardian Agreement acknowledge and agree to the above terms. agree that the application package along with the submit potential acceptance into internships.	tted resume and cover letter may be viewed by employers for the purpose of determining
Parent/Guardian Signature (Print and Sign Name)	Date dd-mmm-yy
You may choose to print and sign, then scan application and send, or by adding y	our name to the signature lines, you are formally signing the document.
videotapes may be used by CAREERS: The Next General media for release to the general public. I, the applicant's p	phed, interviewed or videotaped. These photographs, interviews, testimonials and/or ation, the Schools and/or School Divisions for internal program promotion or by external parent/guardian support, understand the information provided above and hereby give personal information and photographs, testimonials, interviews and/or videotapes Yes No
Parent/Guardian Signature (Print and Sign Name)	Date dd-mmm-yy

You may choose to print and sign, then scan application and send, or by adding your name to the signature lines, you are formally signing the document.

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Teacher Recommendation Applicant: Please fill in your name and school before giving to your teacher or counselor. Name of Applicant: School: In what capacity do you know the student? For howlong? Students are eligible for enrollment into the Agriculture Program provided they meet the criteria. As internships are limited, it is likely that not all students will receive an internship position. An employer interview is required for selection into both the school year or summer internships. Success will depend upon: The student's interest in the field The student's capacity to meet the requirements of the workplace and school programs The student's willingness to participate fully in a rigorous internship and school program The student's ability to communicate and work as a team member The student's performance in school and maintaining all graduation requirements. Rate each characteristic of the applicant below: (1 = Low to 4 = Exceptionally High) Indicate your perception of this student with respect to the following chart by placing a check mark (\checkmark) in the box below the appropriate number. Comments: Poor 1 Excellent 1.Interest 2. Attitude 3. Attendance 4. Punctuality 5. Work Ethics 6. Focus 7. Meet Deadlines 8. Work Quality 9. Teamwork Notes: Teacher Name (include area code) You may choose to print and sign, then scan application and send, or by adding your name to the signature lines, you are formally signing the document.



Off-campus Coordinator Supervison

	Applicant: Please fill in	our name and school before giving to your Off-campus Coordinator
Nan	ne of Applicant:	School:
1.	. Has this student successfully comp	ed HCS 3000?
	, ,	Yes No
2.	Has this student successfully comp	ad AGR 3000?
		Yes No
3.	Should this student be successful in	taining an internship will you in your capacity as Off-campus Coordinator provide school supervisior
		Yes No
lf	Yes, please provide supervisor details	
N	ame:	<u> </u>
Р	hone:	<u></u>
Eı	mail:	
all st	udents will receive an internship position	griculture Program provided they meet the criteria. As internships are limited, it is likely that not An employer interview is required for selection into both the school year or summer internships.
Succ	ess will depend upon:	
	 The student's <u>willingness</u> to parti The student's <u>ability</u> to communication 	equirements of the workplace and school programs ate fully in a rigorous internship and school program and work as a team member I and maintaining all graduation requirements.
Note	s:	
∩fi	f-campus Coordinator Namo	Phone
	f-campus Coordinator Name acher's Signature	Phone