



School's Out Summer Program

Applicant's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

1. Why are you applying for this internship?

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2. What experience do you have working with children?

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3. What do you hope to learn from this internship?

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4. What is your favorite memory from summer camp and how will it help you be a great intern?

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5. Are you available to intern beginning June 30<sup>th</sup> and continuing through August 15<sup>th</sup>?  
Yes \_\_\_ No \_\_\_ If not, which dates are you available?

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6. What special talents/skills do you have that will make you an asset to our program?

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7. Why should we accept you into our internship program?

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Get Youth Moving, LLC • PO Box 581 • Andover, MA 01810 • [getyouthmoving@comcast.net](mailto:getyouthmoving@comcast.net) • 978-857-2687