## Application Form <br> ZERO WASTE INTERNSHIP

Application Instructions:
Interested applicants must complete all sections of this application. Applicants under age 18 are required to have a parent or guardian complete the parent consent portion of this application.

## APPLICANT INFORMATION



## EMERGENCY CONTACT INFORMATION

Parent/Legal Guardian Name (if applicant is under age 18)
Parent/Legal Guardian Number (if applicant is under age 18)

Contact 1 Name

$\square$
Contact 1 Number $\square$ Contact 1 Alternate Number $\square$

Contact 2 Name


Contact 2 Relation

Contact 2 Number $\square$ Contact 2 Alternate Number

## MEDICAL INFORMATION

Please list any allergies, medications, behaviors, or other important information or limitations we should know about. This information will help ensure your well-being, as well as the well-being of others during your internship.

## RECRUTMENT INFORMATION

|How did you hear about this program opportunity?
Friend $\square$
Social Media $\square$
Teacher $\square$ Counselor

Listing $\square$
Other

