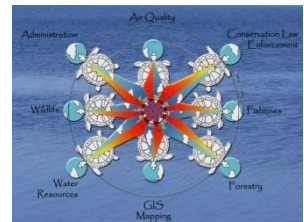




# PENOBSCOT NATION DEPARTMENT OF NATURAL RESOURCES INTERNSHIP APPLICATION



## PARTICIPANT INFORMATION:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Last Name First M.I. Date of Birth

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Mailing Address City State Zip Code Social Security #

5. \_\_\_\_\_ 6. \_\_\_\_\_  
Residential Address City State Zip Code Telephone Number

7. Sex: M \_\_\_ F \_\_\_

8. Do you have a physical or mental disability that we should be aware of? Yes \_\_\_ No \_\_\_

9. Please identify your disability and specify any accommodations necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Tribal Member: Yes \_\_\_ No \_\_\_ Tribal Affiliation: \_\_\_\_\_  
**Tribal Member, for the purpose of this application, includes descendants (twice removed) not necessarily on the census. Preference will be given to Penobscot Indian Nation students.**

11. Name of School Attending: \_\_\_\_\_

12. Interest of Study: \_\_\_\_\_ 13. Grade: \_\_\_\_\_ (school year 2014-2015)

13. What are your extra-curricular activities?  
\_\_\_\_\_  
\_\_\_\_\_

14. On a separate sheet or sheets, please explain:

- a) Why you would like to be hired for the internship?
- b) What do you hope to gain from the internship?
- c) What your long-term goals?

Essay should be at least 250 words but not more than 300 words.

(over)

15. Two references that are NOT related to you (e.g., teacher, neighbor, school counselor). Please include name, address, phone number, email and their reference relations to you.

A. \_\_\_\_\_

B. \_\_\_\_\_

16. Submit High School transcripts with this application.

**NOTE: Students must be 14 years old to participate in the internship. Students under 16 years old need work permits, issued by the superintendent of schools.**

**Students who are accepted into the Internship program will be required to follow the PIN Teen Center Substance Abuse Policy. Please see attached.**

**All applicants and parent/guardian if under 18, please sign and submit to:**

**John Banks  
Internship Application  
Dept. of Natural Resources  
12 Wabanaki Way  
Indian Island ME 04468**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(Required for Participants who are minors)

\_\_\_\_\_  
Date

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