

# Intern Application

**“At Leonardo’s, we enrich and inspire children of all ages by creating fun learning opportunities...”**

To apply you must be 13 years of age or older to apply. Please print clearly when filling out this application.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Intern Phone: \_\_\_\_\_  Cell  Other E-mail \_\_\_\_\_

School last attended: \_\_\_\_\_ Grade you just completed: \_\_\_\_\_

Guardian/Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Other

## Please answer the following questions:

Briefly describe why you are interested in the Leonardo’s Intern Program and what job skills you hope to gain from this program.

What is your least favorite school subject and why? \_\_\_\_\_

What is your favorite school subject and why? \_\_\_\_\_

List hobbies and activities that you enjoy. \_\_\_\_\_

Do you prefer to work  7:30a-1:30p (AM)  11:30a-5:30p (PM) Do you have reliable transportation to and from Leonardo’s?  Y  N

Have you ever volunteered here?  Y  N If yes, in what capacity? \_\_\_\_\_

Do you enjoy being around children of any age?  Y  N

Do you listen to instructions and follow through?  Y  N If not, do you think you can work on this attribute?  Y  N

Please list the name and phone number of someone over 18 yrs. of age that you have known for one year or more (not a relative).

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Do you have any health issues that we should be aware of? \_\_\_\_\_

## PROGRAM RELEASE

VALID FOR ALL LEONARDO’S PROGRAMS DURING 2023

Child’s Name \_\_\_\_\_ Birth date: \_\_\_\_\_

Name of Custodial Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Other

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Other

Child’s Physician’s name: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Other

Special needs/food allergies: \_\_\_\_\_

**RELEASE FORM:** In case of a medical emergency and I cannot be reached, I being the parent, legal guardian or person authorized to execute this release for the child named above hereby authorize a Leonardo’s Children’s Museum staff person to contact my family physician and to transport my child to the nearest hospital or to call for an ambulance immediately as the need requires.

I Do  Do not Consent that any videos or photographs made of my child during their programs or classes may be used in future publications. All photos and video shall be the property of Leonardo’s Children’s Museum and may be used free of any claim.

**STANDARD OF BEHAVIOR:** I understand that my child will be expected to honor Leonardo’s behavior rules and show respect for all other program participants. If not, I understand that disciplinary action could be taken, including, but not limited to, dismissal from the program, without any fees refunded. **NO CELL PHONES OR FLIP FLOPS ALLOWED AT CAMP**

**Picture I.D. required to pick up Interns** from all programs. **Interns must be signed in and out each visit.** In addition to the person signed below, my child may be released to the following people:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_