

Sarah Fowler

Ohio State Board of Education - District 7
2952 State Route 45 N, Rock Creek, Ohio 44084
SarahOhioEdu7@gmail.com 440-563-8535

2018 Internship Application

Applicant Name: _____
Address: _____
City, State, Zip code: _____
E-mail Address: _____
Best Phone: _____
Applicant Age: _____ Sex: _____
Transportation: _____
Education: _____
Employment: _____
Civic Activities: _____

Interests: _____

Future Goals: _____

*Parent/Guardian Information and Signature
Required for Student Applicants Under 18 years*

Parent Name: _____
Address: _____
City, State, Zip code: _____
E-mail Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Please note best contact number/method.

***As the legal parent/guardian of the Student
Applicant, I hereby give my consent for my
child to apply for, and if selected, participate
in the stated internship opportunity.***

Signature: _____ Date: _____

1. Please share how you became interested in interning with Sarah:

2. How do you think this internship would contribute to your future goals?

3. Please list 3-5 of your core values and how these might be furthered through the internship.

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Please number the internship opportunities from 1-3, with **ONE** being your highest interest:

Business Management:

- General Office Organization
- Finding Information
- Correspondence
- Newsletter Development
- Event Coordination
- Social Media

Research Analysis:

- In-depth Subject Study
- Good Research Habits
- Research Development
- Use of Information
- Communication
- Coalition Building

Campaign Management:

- Campaign Participation
- Messaging
- Networking
- Event Coordination
- Fundraising
- Social Media

Length of Requested Internship *(please select one):*

3 months 6 months 12 months

Do you have any prior commitments or future plans that may interfere with your ability to commit 10-15 hours per week to the entire internship period you selected?

Please include 3 references with contact information.

These could include a parent, teacher, pastor, group leader, etc.

By submitting this application, I understand and agree to the following:

- *There are a limited number of internships available and selection will be based upon individual qualifications and interest in the available position(s), references, and stated selection criteria;*
- *Internships are unpaid, fully volunteer opportunities that are intended to be mutually beneficial, and to provide the student with knowledge, skills, and experiences for future pursuits;*
- *Successful completion of the internship may result in letters of recommendation, additional internship, scholarship, or job opportunities; however, these are determined on an individual basis and are based upon exhibited character qualities during the internship, fulfillment of commitments, and observed qualifications.*

Signature of Student Applicant: _____ Date: _____

Signature of Parent (if under 18): _____ Date: _____

Please complete both sides of this application and e-mail to: SarahOhioEdu7@gmail.com
or mail application: Sarah Fowler, 2952 State Route 45 N, Rock Creek, Ohio 44084
Paid for by the Committee to Elect Sarah Fowler