

Borough of Swedesboro Summer 2018
Teen Internship Program

Date: _____
Teen's Name: _____
Address: _____
Home Phone: _____ Cell #: _____
Email Address: _____
School: _____
Grade: _____ Age: _____

Please list two references we can contact:

1. Name: _____
Phone #: _____
Relationship: _____

2. Name: _____
Phone #: _____
Relationship: _____

Parent/Guardian Contact Information:

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____
Relationship: _____ Phone #: _____

Signature of Summer Intern Date

Signature of Parent/Guardian Date