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**HELDEBERG WORKSHOP**

**APPLICATION FOR OUTDOOR EDUCATION INTERNSHIP**

**Legal Name:** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print) (first) (last)

**Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (mm/dd/yyyy)

**Mailing address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone Number: Home** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **Cell** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full weeks you can commit to attending:**

 July 11-15 July 18-22 July 25-29

 August 1-5 August 8-12 August 15-19

**Please check one box indicating your compensation preference:**

 Stipend

 Community Service

 Volunteer

**Please check off :**

\_\_\_ Fully Vaccinated

**Please complete the following if this is your first time applying. Please write a paragraph (and attach to this application) describing yourself, including your schooling, interests, hobbies, and outdoor experiences.**