SHIP Work Commitment

We hereby acknowledge that if selected and we accept the position of the summer High school Intern Program (SHIP),	(Name of student summer of 2020. ersburg, MD/June d to participate
Name of Student (Print Name)	
(Signature)	Date
Name of Parent/Guardian (Print Name)	
(Signature)	 Date
Address	
Emergency Contact (Work Phone Number)	

Emergency Contact (Home Phone Number)