

INTERNSHIP REQUEST

Please be sure to read the Internship Handbook to ensure that your experience aligns with the criteria we have for our program.

PROGRAM INFORMATION

Name of Organization or Internship Program: _____

Address: _____

City _____ ZIP _____

Phone: _____ Email: _____

Website: _____

Proposal for Hosting Interns in the Summer Fall Spring

Number of Interns you could host? _____

Do you have to apply to get into your program? Yes No

Application Deadline: _____

SUPERVISOR INFORMATION

Internship Supervisor's Name: _____

Supervisor's Job Title/ Description: _____

Internship dates and hours: _____

INTERNSHIP DESCRIPTION

Description of the work intern will perform:

Skills or experience interns can gain from this experience: