

SUPERVISOR CONTACT INFORMATION:

Name of Organization: _____

Name & Position of Supervisor responsible for Intern: _____

Address - Street: _____ City: _____ State: NY Zip: _____

Phone Number: _____ E-mail address: _____

POSITION INFORMATION: (If more room is needed, continue answer on a separate page.)

1. Position Title: _____

2. Internship Description (Department & Duties): _____

3. What will the Intern(s) learn while performing these duties?

4. Skills and/ or experience that would be necessary or helpful for intern to have: (include software, project mgt., etc.)

5. The average number of hours you wish the intern to work per week will be (maximum 10 hrs): _____

6. Is a car required? Yes No Mileage paid? Yes Amount: _____ No

Signature: _____ Date: _____

(ALP Office Use) Date of receipt: _____