

SUPERVISOR CONTACT INFORMATION:

Name of Organization: _____

Name & Position of Supervisor responsible for Intern: _____

Address – Street: _____ City: _____ State: _____ 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. Desired Beginning Date: _____ Ending Date: _____

6. The average number of hours you wish the intern to work per week will be: _____

7. Is a car required? Yes No Mileage paid? Yes (Amount: _____) No

8. Will this position be paid in part or in full by the host? Yes No

If yes, amount = \$ _____ per: hour week month full project (check one)

Other Compensation?: _____

Signature: _____ Date: _____