INTERNSHIP/VOLUNTEER INFORMATION FORM

INTERN

VOLUNTEER

POSTING NUMBER

NAME OF INTERN/VOLUNTEER

ADDRESS

TELEPHONE NUMBER

ARE YOU A U.S. CITIZEN OR AUTHORIZED TO WORK IN THE U.S.?

Yes No

DO YOU HAVE INSURANCE COVERAGE THROUGH COLLEGE? Yes No

DO YOU HAVE PERSONAL INSURANCE? Yes No.

UNIVERSITY/COLLEGE (internship only)

PROFESSOR & ADDRESS (internship only)

DEGREE AREA

EXPECTED GRADUATION DATE

RELEVANT EXPERIENCE

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE NUMBER

CANDIDATES, DO NOT FILL OUT BELOW THIS LINE

DIVISION/UNIT

ADDRESS

INTERN'S/VOLUNTEER'S SUPERVISOR

START DATE END DATE

DAYS WORKING EACH WEEK

OF HOURS WORKING PER WEEK

START & END TIMES OF WORK DAY

TYPES OF DUTIES TO BE PERFORMED