



ALP Intern Job Description Local

SUPERVISOR CONTACT INFORMATION:

Name of Organization: _____

Name & Position of Supervisor responsible for Intern: _____

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

Please note that interns are limited to working 100 hours per semester.

Signature: _____ Date: _____