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. 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? No □ Yes □ Mileage paid? No □ Yes □ Amount: _____
8. Will any funding be provided by host direct to intern? Yes □ No □

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

   Other Amenities provided? (food, lodging, transportation, etc.): _____
9. Additional comments _____

Form Completed by: _____ Date: _____