



COLLEGE INTERN INFORMATION

Please print and fill in all information.

PLEASE SEND THE ORIGINAL TO HUMAN RESOURCES, PROVIDE A COPY TO THE INTERN AND RETAIN A COPY IN THE DEPARTMENT.

A. PERSONAL INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP: _____

DRIVER'S LICENSE NO.: _____ EXPIRES: _____
(Only if driving is a requirement)

B. EDUCATIONAL BACKGROUND (Please provide proof of enrollment)

NAME OF SCHOOL YOU ARE ATTENDING: _____

MAJOR: _____ MINOR: _____

NUMBER OF UNITS COMPLETED: _____ EXPECTED GRADUATION DATE: _____

C. EMERGENCY CONTACT PERSON AND PHONE NUMBERS

NAME: _____

PHONE #1 ~ (Home) _____ PHONE #2 ~ (Cell) _____

PHONE #3 ~ (Work) _____

RELATIONSHIP TO APPLICANT: _____

D. DEPARTMENT INFORMATION

I AM VOLUNTEERING IN _____ DEPARTMENT.

LOCATED AT: _____

SUPERVISOR'S NAME: _____ PHONE: _____

Intern Signature

Date