High School Intern – Request Form

Company Name	
Supervisor's Full Name	
Phone Number	
Email	
Secondary Supervisor's Full Name (If Applicable)	
Secondary Supervisor's Phone Number	
Secondary Supervisor's Email	
Organization's Address	

Please identify for each available internship opportunity the information below:

Internship Title	Field/Industry	# Avail	Skills/Experience to be gained

We acknowledge our understanding that not all requests for interns may be filled and are subject to both intern availability and compatibility. We also acknowledge our understanding that attending a mentor training session will be required to participate in the internship program.

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Business Representative Signature Date Signed