



INTERN REQUEST FORM

Organization _____ Date _____

Contact Person _____ Title _____

Street/PO Box _____

City/State/Zip _____

Telephone _____ Fax _____

E-mail _____ Web URL _____

Intern requested for: Fall Semester Spring Semester Summer

Approximate number of hours per week: _____ (NOTE: Most internships are 10-12 hours per week.)

Paid: Yes No

If "Yes" please provide: Hourly wage: \$ _____ ...or... Stipend: \$ _____

Student major (s) preferred 1. _____

2. _____

3. _____

Intern job title: _____

Short description of position: _____

Special skills required:

Description of special project (if one is identified):

Organization _____ Date _____

Possibility of future employment: Full time: __Yes __No __ Maybe

Part time: __Yes __No __ Maybe

Brief description of your organization:

Additional comments:

Preferred application materials (check all that apply):

- Resume
- Cover letter
- Reference list
- Sample of writing or creative work

Acceptable application method (check all that apply):

- Mail
- Fax
- E-mail (indicate if you can accept attachments in MS Word)
- In person

PLEASE RETURN COMPLETED FORM TO:

Career Services, Champlain College
 PO Box 670
 Burlington, VT 05402-0670
 Phone: 802/860-2720, Fax: 802/860-2772
 E-mail: careerservices@champlain.edu

Thank you!