

Internship Request Form

Fill out this section if you are a STUDENT looking for an Internship

Student Name	
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Preferred Type of Business / Industry	
Length of Internship / Shadowing (day, month, semester, winter break, summer, year)	
Availability (# of hours a week)	
Preferred Days / Hours	
Paid position only, Unpaid with training benefit, or Either?	
Do you have a license & access to a vehicle?	
Prior Work Experience	

Student Email	
Student Phone Number	
Student Parent / Guardian Contact	

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Filled out by GEDAC

<i>Business / Organization</i>	
<i>Requested Availability / Days / Hours</i>	
<i>Internship Contact Name</i>	
<i>Phone Number / Email</i>	