

# Internship Sponsor Information Form

Date: \_\_\_\_\_

Internship Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_

Company Type: \_\_\_\_\_

\_\_\_\_\_

Services/Programs: \_\_\_\_\_

\_\_\_\_\_

Organization Size (# employees): \_\_\_\_\_

Internship Supervisor/Personnel Manager:

Title:

Type of Intern Desired (skills, background, etc.):

Liability Insurance Provided for Student?      Yes \_\_\_\_\_      No \_\_\_\_\_

Salary Provided?      Yes \_\_\_\_\_      No \_\_\_\_\_

Please submit brochures or other descriptions of your organization and its programs and facilities. Also submit a resume of the intern supervisor.