



Interfaith Community Services

Internship Program Application

Host Site Applicant Information

Company or Organization Name: _____

Contact Name: _____ **Date:** _____
Last First M.I.

Address of Internship Location: _____
Street Address

_____ City _____ State _____ ZIP Code

Phone: _____ **Email:** _____

Is this an in-home business? YES NO *Please note that in-home businesses are not eligible for the internship program.*

Has your company ever participated in an internship program before? YES NO Do you have an employee willing to mentor, train, and supervise an intern? *If yes, please provide contact information below.* YES NO

Do you have office space to house the intern and all required facility supplies? YES NO Supervisor Name: _____
 Supervisor Title: _____

Does your company have any age restrictions or special requirements for employment? *If yes please describe below:* YES NO Phone: _____
 Email: _____

Internship Details

If you have multiple internship opportunities please attach additional information or complete an application for each position available.

How many interns would you like to host? : _____ Will there be multiple positions available? YES NO

Internship Job Title: _____

Potential Orientation/Training Date: N/A ___/___/___ at ___:___ AM PM

The internship is set-up for a total of _____ hours per week. *

Potential Internship Schedule: Begins ___/___/___ Ends ___/___/___

Monday	Tuesday	Wednesday	Thursday	Friday

Please describe the main project focus and nature of work that the intern will perform:

This experience would be most suitable for students interested in what field:

- | | | | | |
|---|--|---|--|--|
| Advertising & Media
<input type="checkbox"/> | Automotive, Aviation or Marine
<input type="checkbox"/> | Communications
<input type="checkbox"/> | Finance & Insurance
<input type="checkbox"/> | Health Care
<input type="checkbox"/> |
| Personal Services & Care
<input type="checkbox"/> | Public Utilities & Environment
<input type="checkbox"/> | Arts, Culture, or Entertainment
<input type="checkbox"/> | Business & Professional Services
<input type="checkbox"/> | Computers, IT & Technology
<input type="checkbox"/> |
| Family, Community, & Non-Profit
<input type="checkbox"/> | Government & Education
<input type="checkbox"/> | Lodging, Travel & Tourism
<input type="checkbox"/> | Pets & Veterinary
<input type="checkbox"/> | Sports & Recreation
<input type="checkbox"/> |

Transferable Skills Learned throughout internship:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Interpersonal | <input type="checkbox"/> Persuading | <input type="checkbox"/> Critical Thinking | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Oral Communication | <input type="checkbox"/> Negotiating | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Language |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Mediation | <input type="checkbox"/> Decision-Making | <input type="checkbox"/> Computer/Technological |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Interviewing | <input type="checkbox"/> Planning | <input type="checkbox"/> Performing/Arts |
| <input type="checkbox"/> Teaching/Training | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Organizational | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Care-giving | <input type="checkbox"/> Writing | <input type="checkbox"/> Adaptability |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Analytical/Logical Thinking | <input type="checkbox"/> Research | <input type="checkbox"/> Administrative/Clerical |

Signatures

Main Contact

Signature: _____

Date: _____

Name: _____

Title: _____

Supervisor

Signature: _____

Date: _____

Name: _____

Title: _____