

Prospective Internship Site Profile

Department of Health Education & Behavior

Location: _____ Date: _____
City State

Agency: _____

Contact: _____

Address: _____
Street / PO Box City State / Zip

Phone: _____ Fax: _____

Email: _____ Website: _____

What semesters is your agency available to accept interns?

Fall (August – December)

Spring (January – April)

Summer (May – August)

Normal work hours (Please indicate any evening or weekend time commitments):

Is office space available to interns? Yes No _____
Comments

Is a computer available to interns? Yes No _____
Comments

Does your agency offer paid or non-paid internships? **Non-paid** Paid (amount): _____

List other benefits your agency offers interns (i.e. housing, health insurance, travel reimbursement, etc.)

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List required purchases for interning with your agency (i.e. parking pass, uniform, etc.)

List the required skills or previous experience necessary for interning with your agency.

Special Requirements (i.e. special application, proof of health insurance, immunization, etc.)

Please note: All interns are required to purchase professional liability coverage for \$1,000,000.

List a description of duties your agency expects to be fulfilled by interns. Please include additional literature if desired.

List any important information about your agency.

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Would you like to be added to the Department's list of approved sites for future interns? Yes No

FOR OFFICE USE ONLY: CONTRACT ON FILE: _____

Approval of Intern Coordinator: _____ Date: _____

Approval Expiration Date: _____