

# 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.)

\_\_\_\_\_  
 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: \_\_\_\_\_