

**INTERNSHIP/VOLUNTEER INFORMATION FORM**

INTERN

VOLUNTEER

NAME OF INTERN/VOLUNTEER

ADDRESS

TELEPHONE NUMBER

ARE YOU A U.S. CITIZEN OR AUTHORIZED TO WORK IN THE U.S.?      Yes      No

DO YOU HAVE INSURANCE COVERAGE THROUGH COLLEGE?      Yes      No

DO YOU HAVE PERSONAL INSURANCE?      Yes      No

UNIVERSITY/COLLEGE (internship only)

PROFESSOR & ADDRESS (internship only)

DEGREE AREA

EXPECTED GRADUATION DATE

RELEVANT EXPERIENCE

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE NUMBER

---

**THIS SECTION TO BE COMPLETED BY DEP DIVISION/PROGRAM AREA**

DIVISION/UNIT

ADDRESS

INTERN'S/VOLUNTEER'S SUPERVISOR

START DATE      END DATE

DAYS WORKING EACH WEEK

# OF HOURS WORKING PER WEEK

START & END TIMES OF WORK DAY

TYPES OF DUTIES TO BE PERFORMED