

Student Intern Information Form

Name

Pronouns

Address

Email

Cell Phone

Type of field experience you are seeking

Academic institution

Field of study

Academic advisor

Phone number

Current academic status

Anticipated graduation

Placement requirements:

Type of work required or interested in completing for internship

Date(s) of assignment

Number of hours/week

Location preference

Employer

Experience related to this internship

Emergency contact

Phone number (day)

Relationship

Phone number (evening)

Are you interested in learning about volunteer opportunities at PPCWNY? (circle one) Yes No

Signature

Date