

Student Intern Information Form

Name _____ Phone # (_____) _____

Address _____

_____ Birthday (do not include year) _____

E-mail _____ Pager/Cell _____

Type of Field Experience you are seeking _____

Academic Institution _____

Field of Study _____

Academic Advisor _____ Phone # _____

Current Academic Status _____ Anticipated Graduation _____

Placement Requirements: _____

Type of work required or interested in completing for internship _____

Date(s) of Assignment _____ # Hours pe/week _____

Location preference _____

Employer _____

Related experience to this internship _____

Emergency Contact _____ Phone # (day) _____

Relationship _____ Phone # (eve) _____

Are you interested in learning about volunteer opportunities at PPCWNY? (Circle one) YES NO

Signature _____ Date _____