

**HOST WORKSITE**

Company/Organization Name

Industry

Address

City

State

Zip

# Internships Available

Hourly Rate of Pay

Worksite Supervisor Name

Title

Department

\*Phone

\*Fax

\*E-mail

Cell

\*required fields

**INTERNSHIP DESCRIPTION**

Would you like assistance crafting an internship job description:

Yes

No

Description

# Hours available per week

Restrictions on days or hours

Specific Requirements/Skills

Dress Code

Mentor Name (if additional staff is assigned)

Title

\*Phone

\*Fax

\*E-mail

Cell

\*required fields

**Directions:** Please complete the following form for each type of internship available at your worksite. If necessary, feel free to use additional paper. All forms must be received by May 12, 2006. Please fax or mail to: Communities In Schools of NJ • YouthWORKS • 155 Washington Street, Suite 201 • Newark, NJ 07102 • Phone 973.242.0706 • FAX 973.242.2928, attention YouthWORKS.