



INTERNSHIP REQUEST FORM

Request Date:_____

Placement Contact Information:

Placement Site Location

School/Company/Organization Name: _____

Address: _____

Placement Contact Person:

Name: _____

Title: _____

Phone: _____

E-mail: _____

Fax: _____

Student/Intern Information:

Name: _____


*DOB: _____


Phone: _____

E-mail: _____

***If under 18 years of age, a parent or guardian will need to sign all necessary ARL agreements before proceeding with internship.**

Internship Details:

 Please note that as a non-profit animal welfare organization we are limited in the ability to continually provide direct oversight of all interns. Due to these limitations, we see individuals who can work well independently. Self-motivated, responsible, hard-working personalities are critical for the success of the internship.

 An interview may be required prior to intern starting or being accepted into the program

Preferred Start Date: _____

Preferred End Date: _____

Hours (Per Week): _____

Availability (Please state all days and times student is available for internship):

Does the student have reliable transportation to and from ARL? ___ Yes ___ No

Why is the student seeking internship (i.e. work experience in specific area, credit criteria, etc):

Internal Use Only:

Interview Completed: ☐ Yes ☐ No
Date: _____

Organization Approval: ☐ Yes ☐ No **Date:** _____

Placement Approval: ☐ Yes ☐ No **Date:** _____

Notes: _____

