



# HIRE-A-YOUTH 2009 Summer Internship Program



## Intern Request Form

Employer:		
Department:		Date:
Address:		
City:	Zip code:	Job Location:
Contact Name:		Title:
E-mail Address:		Website Address:
Phone #: (        )		Fax #: (        )
Job Title:		# of Openings:
Age Requirement:	Start Date:	Internship Duration: 120 hrs. <input type="checkbox"/> 180 hrs. <input type="checkbox"/>
Hours Per Week:	Days Per week:	Work Hours:
High School Diploma Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		Criminal Background Check Required? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Job Description:</b> <i>(Task, responsibilities, equipment utilized and physical activities)</i>		
<b>Skill Requirements:</b> <i>(Knowledge, abilities and education level)</i>		
<b>Office Use Only:</b>		
Students Hired:		
Youth Service Program Provider:		
Contact person:		Phone #: (        )
Work Place Supervisor:		E-mail:
Phone #: (        )		Fax #: (        )

**Please complete form and return to:**  
E-mail: [mbostwick@sandi.net](mailto:mbostwick@sandi.net) or Fax: (619) 627-7404 Attn: Mary Bostwick



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<b>Job Description (Attach additional pages for each job title):</b>		
Job Title:	Number of Openings:	
Tentative Schedule: <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN		
<input type="checkbox"/> Morning	From:	To:
<input type="checkbox"/> Afternoon	From:	To:
<input type="checkbox"/> Evening	From:	To:
Duration - (Starting Date):		(Ending Date):
Opportunities are available: <input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal <input type="checkbox"/> Summer <input type="checkbox"/> Other:		
Description of Duties:		
Desirable Qualifications and/or Special Requirements:		

<b>Acquired Job Skills:</b> From the list below, select the skills that youth workers will acquire through employment at your work-site. Check all that apply.			
Clerical:	<input type="checkbox"/> Filing	<input type="checkbox"/> Typing	<input type="checkbox"/> Phones
	<input type="checkbox"/> Photocopying	<input type="checkbox"/> Faxing	<input type="checkbox"/> Other:
Computer:	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Spreadsheet
	<input type="checkbox"/> Database	<input type="checkbox"/> Internet/e-mail	<input type="checkbox"/> Other:
Interpersonal:	<input type="checkbox"/> Inter-office Communication	<input type="checkbox"/> Team Work	<input type="checkbox"/> Time Management
	<input type="checkbox"/> Client Interaction	<input type="checkbox"/> Internet/e-mail	<input type="checkbox"/> Other:
Other:			

<b>Requesting Authority: MUST BE SIGNED BY MANAGEMENT LEVEL PERSON</b>	
Name (Print):	Title:
Signature:	Date: