



MCS/Phoenix Academy
PARTNER REQUEST FOR INTERNS

Title of Internship Position _____

Name of Organization/Business _____

Address _____ City/Zip _____

Contact Name _____ Title _____

Phone Number _____ Email _____

Website _____ # of Internships Offered _____

PLEASE DESCRIBE OF YOUR ORGANIZATION/BUSINESS _____

PLEASE PROVIDE A DESCRIPTION OF THIS INTERNSHIP _____

MARIN'S COMMUNITY SCHOOL STUDENT INTERNSHIP PROGRAM WILL LAST FOR NO LESS THAN 3 WEEKS

Term of Internship (Check All That Apply):		
Fall _____	Spring _____	Summer _____
School Year (Any Term) _____		

Approximate Hours Per Week _____ Preferred Days _____

Signature _____ Date _____