

Internship Learning Covenant

INTERN:

Name: _____

Local Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone number: _____ Cell phone: _____

Preferred way to be contacted (e.g., email, cell phone): _____

ORGANIZATION:

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Street Name: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Cell phone: _____

Preferred way to be contacted (e.g., email, cell phone): _____

2. LEARNING ACTIVITIES: