

**RETURN FORM TO:**

Nore Brantley, High School To Work Partnership Coordinator  
[norebrantley@ccs.k12.nc.us](mailto:norebrantley@ccs.k12.nc.us)  
A.B. Wilkins High School  
1429 Skibo Rd. Fayetteville NC 28303  
Telephone: 910-864-5438 Ext.759  
Fax: 910-868-1777



## SUMMER INTERNSHIP WORKSITE REQUEST FORM

### *THE COMPANY*

Company Name/Worksite: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Internship Site Supervisor: \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_

Internship Site Secondary Supervisor: \_\_\_\_\_

Secondary Supervisor's Email: \_\_\_\_\_

### *THE INTERN*

JOB TITLE: \_\_\_\_\_

BRIEF JOB DESCRIPTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Interns Requested: \_\_\_\_\_

Days Intern Will Work: *(please circle all that apply)* Mon    Tue    Wed    Thu    Fri

Hours Intern Will Work: (ex. 8am - 5pm) \_\_\_\_\_ *(32 hours total each week)*