ACE STUDENT INTERNSHIP INTEREST FORM

Date of This Internship/Job Shadow Request: ________________

MM/DD/YR

1. Name: _______________________________________________________

2. School: ______________________________________________________

3. Year:  ☐  Junior  ☐  Senior

4. Type of Internship:  ☐  Unpaid Job Shadow
                      ☐  Unpaid Internship
                      ☐  Paid Internship

5. Desired Discipline:  ☐  Architecture
                       ☐  Construction
                       ☐  Engineering
                       ☐  Trade
                       ___________________________________
                       (e.g. Carpenter, Electrician, etc.)
                       ☐  Other
                       ___________________________________
                       (e.g. Marketing, Finance, etc.)

6. Is an internship or job shadow part of your required educational curriculum?
   ☐  Yes    ☐  No

7. A formal interview may be required by the participating sponsor firm. Is an interview a required
   element of your school’s hiring process?
   ☐  Yes    ☐  No

8. If your interest is a job shadow, is it a one (1) day ☐  or multiple day ☐  shadow?
   ________________
   MM/DD/YR

9. If your interest is an internship, what is the date range?
   ________________    to     ________________
   MM/DD/YR          MM/DD/YR

10. Days of week, hours of internship:
    _______________________________
    (e.g. Mondays and Wednesdays 8:00 a.m. to 2:00 p.m.)
11. Is a performance evaluation required by the sponsor firm upon completion of the internship?
   □ Yes □ No

12. Interns must make their own travel arrangements. Do you have transportation available?
   □ Yes □ No

   If not, is it necessary that sponsor firm be located on RIPTA bus route?
   □ Yes □ No

13. Is there a particular sponsor firm(s) that you would like to request?*
   □ Yes □ No

   If so, please list them below:
   1st Choice: __________________________________________
   2nd Choice: __________________________________________
   3rd Choice: __________________________________________

14. Are there any specific goals or missions of the internship that the sponsor firm should be aware of?
   □ Yes □ No

   If so, please list them below:
   __________________________________________
   __________________________________________
   __________________________________________

13. Any additional requirements or comments?
   __________________________________________
   __________________________________________
   __________________________________________

14. Provide contact information: Student Name: __________________________

   Phone: __________________________ Email: __________________________

   **Guidance Counselor: __________________________

   Phone: __________________________ Email: __________________________

   **Parent/Guardian Signature: __________________________

* Subject to availability
** Indicates Required Field

Note: Please allow a minimum of three (3) weeks for initial processing. Submission of an internship interest form does not guarantee placement with a sponsor firm.
Applicant Name: ________________________________________________
Internship Sponsor Firm: ________________________________________
Sponsor Supervisor: _____________________________________________
Internship Type: ☐ Unpaid Job Shadow
☐ Unpaid Internship
☐ Paid Internship
Date Range: __________ to __________
    MM/DD/YR     MM/DD/YR
Days of week, hours of internship: __________________________________
Comments: _____________________________________________________