APCH Shaheen Scholarship Program
Volunteer/Internship Contract

Student Contact Information

FOR STUDENT TO COMPLETE

Please fill in the following information to ensure that we keep track with your time commitment for the academic year.

Name: ______________________________________________________________

School: ______________________________________________________________

Student ID Number: __________________________________________________

Position Details

Is this position a(n):

Internship Position – my position with this organization furthers a career goal of mine.
  o If so, please answer questions 1-3 below
Volunteer Opportunity – I am donating my time to helping this organization further its goal(s)
  o If so, please answer questions 4-6 below

If this position is an internship position please answer the following questions.

1. What career goal does this position align with? What are my duties in this position?
2. How did you hear about this position? What made you want to get involved?
3. What can I take away from being affiliated with this organization?

If this is a volunteer opportunity please answer the following questions.

4. What is this organization’s mission or goals?
5. How does this opportunity add to my experience as a college student?
6. What can I take away from being affiliated with this organization?
FOR SUPERVISOR TO COMPLETE

Name of Company/Organization: __________________________________________

Address: ______________________________________________________________

Phone Number: _________________________________________________________

Organization website: _________________________

Supervisor Name(s): _____________________________________________________

Supervisor email(s): _____________________________________________________

Hours completed by intern/volunteer________________________________________

I am offering ____________________ an internship position/volunteer opportunity to complete the required hours as requested by A Place Called Home’s Shaheen Scholarship Program.

Supervisor Signature: ______________________________________________________

Date: ____________________

Please attach a job description/list of duties that will be expected to perform.