



MENDOCINO COLLEGE
HUMAN SERVICE PROGRAMS (AOD/HUS)
STUDENT-EMPLOYER CONTACT INFORMATION

CHOOSE THE SEMESTER:

Student's Last Name _____ First Name _____ Student ID Number _____

Student's Address _____ City _____ Zip _____ Phone _____

Student's E-mail Address _____ Supervisor's E-mail Address _____

Agency/Program's Name _____ **Supervisor's Name** _____ Supervisor's Phone _____

Agency/Program's Street Address _____ Agency/Program's Mailing Address _____ City _____ Zip _____

Type of Agency/Program _____ Student's Position _____ Volunteer/Paid _____

Hourly Pay Rate _____ Major _____ Internship course in which you're enrolled _____

Number of 197a units in which you are enrolled: _____

Days you work _____ Times you work _____ Average weekly work hrs _____ Best day/time to reach your supervisor? _____

When completed, print your form for signatures, then submit the signed application to your Internship instructor

 Student's Signature _____ Date _____ Internship Faculty Instructor Signature _____

I AM A MANAGER OR SUPERVISOR AND WILL BE RESPONSIBLE FOR EVALUATING THIS STUDENT'S WORK PERFORMANCE. I agree to support this student's success in their internship by: reviewing and approving learning objectives; signing monthly time sheets; meeting briefly with the course instructor; reviewing and signing the student's self-evaluation; and completing an evaluation (numeric scoring) of the student at the end of the semester.

 SUPERVISOR'S NAME (Print) _____ SUPERVISOR'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Type _____ Section Number _____ # of Units _____ Total CWE units _____
 Entry Complete _____ E/L Letter Sent _____ Total class units _____