

Georgia County Internship Program Application

(Please fill out a separate application for each department within the county that is participating so that the specific requirements for each position can be provided.)

Term of Internship

County: _____

Spring 2011

Summer 2011

County Internship Contact Information

Supervisor Name: _____

Phone Number: _____ Email: _____

Contact Person: _____

Phone Number: _____ Email: _____

Internship Details

Position Title: _____

Department Interested: _____

Preferred Qualifications & Skills: _____

Proposed Project(s) including details: *(minimum 3 sentences)*

Hours per week needed: _____

Paid

If paid, \$ per hour: _____

Unpaid