



EMPLOYER INTERNSHIP APPLICATION

Worksite/Employer: _____ Date: _____

Contact Person: _____ Job Title: _____

Location: _____
Address City State Zip

Private Company Public Agency Non-profit Agency # of sites/facilities _____

Work Phone: _____ Cell Phone: _____

Email Address: _____ Website: _____

I am interested in having interns for:

Academic Term: Fall Spring Summer (8-week only) Winter (6-week only)

Duration: 16-week 12-week 8-week 6-week

Compensation: Paid Non-paid

One-time Internship Recurring Internship TBD

Number of interns: _____ Hrs. per week (min.-max.): _____
 (Employers should work around the student's school schedule)

Intern Job Title: _____

of worksites: _____ (if there are more than 2 worksites please attach the worksite addresses to this form)

Job Description: _____

Minimum qualifications/skills needed: _____

Worksite Location: _____
Address City State Zip

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Address City State Zip

Students apply by: Paper Application Online Application Resume

Students submit application to: Victor Valley Cooperative Education Office Employer

Non-paid internships require an agreement between the employer and Victor Valley College. Victor Valley College will only cover the unpaid student's liability during the semester the student is enrolled in the corresponding the Cooperative Education course. Employer is also required to submit learning objectives for the interns, which will serve as the students' course curriculum for the semester.

Please return this form ASAP to:
 Victor Valley College-Cooperative Education Dept.
 18422 Bear Valley Road, Victorville, CA 92395
 Marianne Kuhns, Administrative Secretary
 Email: marianne.kuhns@vvc.edu
 Phone: (760) 245-4271, ext. 2281
 Fax: (760) 245-4279