

Alverno College Internship Program

Job Description Form for ON-SITE Internships during COVID-19

STUDENT NAME:		DATE:
INTERNSHIP SITE:		
INTERNSHIP SITE ADDRESS:		
MENTOR NAME/TITLE:		
MENTOR PHONE/EMAIL:		
STUDENT WORK SCHEDULE: DAYS/TIMES		
INTERNSHIP START DATE:		
INTERNSHIP END DATE:		
DESCRIBE THE INTERNSHIP PROJECT AND WORK GOALS:		
WHAT RESOURCES FROM THE SITE WILL YOU BE PROVIDING TO THE STUDENT SO SHE CAN COMPLETE HER WORK?		
PLEASE DESCRIBE THE SAFETY PROTOCOL/PLAN THAT YOUR ORGANIZATION HAS IN PLACE DURING THE COVID-19 PANDEMIC:		
HOW WILL THE STUDENT BE TRAINED ON THIS SAFETY PROTOCOL BEFORE SHE BEGINS HER INTERNSHIP WITH YOU?		
STUDENT SIGNATURE:		DATE:
MENTOR SIGNATURE:		DATE: