

Dear Intern Coordinator:

Welcome again to the Everett Public Service Internship Program. I'm sure you are looking forward to the upcoming summer as much as I am. As mentioned in the Coordinator Meetings earlier this spring, I need some information from you. When I receive the following information from all of the organizations, you will then receive the first 80% of the stipend for your Interns. You will receive the last 20% later in the summer after you and your Interns complete evaluations. Please follow the directions carefully and feel free to contact me at samantha@coopamerica.org if you have any questions or concerns.

Please complete the following forms about your Interns for this summer. Please include:

- Complete this form
- One Everett Intern Form for *EACH INTERN*
- A *SHORT* job description for *EACH INTERN*,
- A resume for *EACH INTERN*.

Please *DO NOT* send cover letters, writing samples, references, application forms, etc. Please mail me this information by May 2, 2008. One copy of everything is sufficient. If any of the information completed on this form should change over the course of the summer, please notify me immediately. It is important that I am able to keep in contact with you so we can run this program as smoothly as possible.

1. Name of your Organization:

2. Name of Intern Coordinator(s):

3. Email Address and Phone Number of Intern Coordinator:

4. How many Everett Interns do you have this year?

5. About how many Everett Intern applications did you receive this season (PLEASE ANSWER-for data purposes only)?

6. Is the Intern Coordinator or any of the Intern Supervisors going to be away for a period of time this summer? If so, please use the space below to write their names, positions, and alternate contact person, along with the dates of absence.

Name: Phone:

Dates: Title:

Name: Phone:

Dates: Title:

Attach a resume and job description for each Intern. Please *DO NOT* send cover letters, writing samples, references, application forms, etc. Please mail me this information by May 2, 2008. One copy of these materials is sufficient. Everett Public Service Internship Program, c/o Samantha Saarion Co-op America, 1612 K St., NW, Ste. 600, Washington, DC 20006 fax: (202)331-8166.

Everett Intern Information

Please fill out the following information about EACH of your Interns this summer.

Supervisor Information

Supervisor Name:

Supervisor Phone:

Supervisor Email:

Intern Information

Intern Name:

School Attending:

Graduation Date:

Address:

Phone Number:

E-mail:

Start Date (Between May 26th and June 16th):

End Date:

Number of Weeks:

If more than 10 please explain*:

Job Title:

Job Description:

Attach a resume for each Intern. Please *DO NOT* send cover letters, writing samples, references, application forms, etc. Please mail me this information by **May 2, 2008**. One copy of these materials is sufficient. Everett Public Service Internship Program, c/o Samantha Saarion, 1612 K St., NW, Ste. 600, Washington, DC 20006 f:(202)331-8166.

* The Everett Program will only reimburse organizations for 10 weeks of work.

Everett Intern Information

Please fill out the following information about EACH of your Interns this summer.

Supervisor Information

Supervisor Name:

Supervisor Phone:

Supervisor Email:

Intern Information

Intern Name:

School Attending:

Graduation Date:

Address:

Phone Number:

E-mail:

Start Date (Between May 26th and June 16th):

End Date:

Number of Weeks:

If more than 10 please explain*:

Job Title:

Job Description:

Attach a resume for each Intern. Please *DO NOT* send cover letters, writing samples, references, application forms, etc. Please mail me this information by **May 2, 2008**. One copy of these materials is sufficient. Everett Public Service Internship Program, c/o Samantha Saarion, 1612 K St., NW, Ste. 600, Washington, DC 20006 f:(202)331-8166.

* The Everett Program will only reimburse organizations for 10 weeks of work.

Everett Intern Information

Please fill out the following information about EACH of your Interns this summer.

Supervisor Information

Supervisor Name:

Supervisor Phone:

Supervisor Email:

Intern Information

Intern Name:

School Attending:

Graduation Date:

Address:

Phone Number:

E-mail:

Start Date (Between May 26th and June 16th):

End Date:

Number of Weeks:

If more than 10 please explain*:

Job Title:

Job Description:

Attach a resume for each Intern. Please *DO NOT* send cover letters, writing samples, references, application forms, etc. Please mail me this information by **May 2, 2008**. One copy of these materials is sufficient. Everett Public Service Internship Program, c/o Samantha Saarion, 1612 K St., NW, Ste. 600, Washington, DC 20006 f:(202)331-8166.

* The Everett Program will only reimburse organizations for 10 weeks of work.