Anne Arundel County Public Schools
Internship Opportunity Form

❖ The Internship Opportunity Request Form is completed and returned to the Internship Facilitator
❖ The Internship Opportunity is reviewed and approved
❖ The internship business site is approved by an Internship Facilitator

Student Name: __________________________________________________________

Potential Business/Organization Name: ______________________________________

Address: __________________________________________________________________

City: ___________________________ Zip Code: _________________

Business/Organization Contact Person’s Name: _____________________________

Email: ___________________________ Phone: _____________________________

Is this the person who will be serving as the internship mentor? __________

If no, please indicate the name and contact information of the person who will be serving as the mentor.

Mentor’s Name: _____________________________

Email: ___________________________ Phone: _____________________________

EACH INTERNSHIP MUST BE 135 HOURS and meet the following criteria:
❖ Qualified mentor (a student’s parent or close relative may not serve as the student’s mentor)
❖ Duties are career focused in nature and encompass the required 135 hours
❖ Intern is learning one or more new skills or advancing one or more current skills to higher levels.

Opportunity Title: _______________________________________________________

Opportunity Description: 
Skills Required:

Paid/Un-Paid Position: _____ Paid _____ Unpaid

Approximate Hours Per Week:

Employment Dates:

Start: Finish:

Approvals: (Signature required)

Parent: ___________________________ Date: ________

Student: ___________________________ Date: ________

Internship Facilitator: _________________________ Date: ________

Internship Facilitator