

Crawford County School-to-Work Summer Internship Program

Placement Opportunity Form

Business/Agency Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: () - Fax: () - Email: _____

Internship Position Title	Department Location	# of Weeks	Duties	Paid or Unpaid	Skills Required	Other Requirements
1.						
2.						

*This form may be reproduced for additional listings.