



Columbia Chamber of Commerce

Project Intern: Teach. Train. Retain.

Member Internship Description Form Date: _____

<u>Name of Company:</u> _____ <u>Industry:</u> _____	<u>Address:</u> _____ _____ <u>Website:</u> _____
<u>Intern Job Title:</u> _____ _____	<u>Contact Person:</u> _____ <u>Job Title:</u> _____
<u>Location of Internship (if different from company address):</u> _____ _____	<u>Phone Number:</u> _____ <u>Fax:</u> _____ <u>Email:</u> _____
Number of Positions Available: _____	College or University Preference: _____

<u>Internship Session</u> <input type="checkbox"/> Spring: January - May <input type="checkbox"/> Summer: May – August (varies) <input type="checkbox"/> Fall: August – December <u>Start Date:</u> _____ <u>Length of Internship:</u> <input type="checkbox"/> # of Weeks _____ <input type="checkbox"/> # of Months _____	<u>Compensation:</u> <input type="checkbox"/> Paid (hourly rate) _____ <input type="checkbox"/> Unpaid <input type="checkbox"/> Company Paid Admission to Chamber Networking Events (ex: Chamber/EPIC Mixers) <input type="checkbox"/> Other: _____ <u>Dress Code:</u> <input type="checkbox"/> Business Professional <input type="checkbox"/> Company Uniform <input type="checkbox"/> Business Casual <input type="checkbox"/> Casual	<u>Flexible Schedule?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Please indicate days and hours: _____ _____ _____ # Hours: _____/week
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Job Description:

Skills Required:

What are students likely to learn from the experience?

Please fax or e-mail this form to:
 Chamber of Commerce Attn: Jessica Crews
 Phone: (573) 874-1132 Fax: (573) 443-3986

What additional clearances will be needed (to be coordinated and paid for by the employer)? Check all that apply.

Criminal Background Drug Test Physical Other: _____

Minimum Educational Requirements:

Minimum G.P.A.: _____

Other Requirements:

Student Major(s) Preference: _____

To Be Used by Chamber Staff Only:

Date Posted: _____

Student Hired: _____ **Date Hired:** _____ **Campus:** _____

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