



OREGON CASCADES WEST COUNCIL OF GOVERNMENTS
INTERNSHIP PROPOSAL FORM

Name: _____ Date: _____

1. Are you 18 years or older?

- Yes
 No (*If no, you are not eligible for an internship at this time.*)

2. Is this internship for a class / school credit?

- Yes
 No (*If answering no, skip to Question 3.*)

a. What school and course is this internship for?

School Name: _____

Course Name: _____ Course Number: _____

b. When is the course occurring? Start Date: _____ End Date: _____

**If there are specific internship requirements associated with the course, such as hours per week or necessary curriculum, please include them with this form along with any other required materials.*

3. How long would you like to intern for?

- 3 Months 6 Months 9 Months 1 Year Other: _____

4. What program(s) are you interested in?

- Senior and Disability Services (SDS) – (Albany, Corvallis, Toledo)
 Veterans Services – (Corvallis)
 Community and Economic Development (CED) – (Albany)
 Community Services Program (CSP) – (Albany)
 Technology Services – (Albany)
 General Administration – (Albany)

5. What functions and/or services within that program are you most interested in?

6. What are your goals for this internship? What do you want to learn?

Please send completed **Internship Proposal Form**, along with a copy of your **RESUME**, to Human Resources, either via **EMAIL** at hrrecruit@ocwcog.org, **FAX** at (541) 967-6123, or **MAIL** to:

Oregon Cascades West Council of Governments
Attention: Internship/Human Resources
1400 Queen Avenue SE, Suite 201
Albany, Oregon 97322