



AppalachiaCorps Summer Internship Position Agreement

Internship Partner Information:

Organization Name:

Organization Website:

Internship Supervisor Name:

Supervisor Phone Number:

Supervisor Email:

Organization Address:

Type of Organization: 501c3 Nonprofit government agency
unincorporated community agency other
if other please specify _____

Student Information:

Student Name:

Student Phone Number:

Student UK Email Address:

Student Permanent Address:

Student ID Number:

Are you Federal Work-Study Eligible? Yes No

Are you interested in earning academic credit for your internship experience? Academic credit can be earned through EXP 396 or APP 399. Yes No

Position Information:

Position Description:

For students completing an internship at an organization, please include: internship duties, internship responsibilities, projects, etc. What would a typical work day look like?

For students participating in research, please include: research objectives, tasks, partnering organizations, timeline, anticipated findings, etc.

Specific Skills, Qualifications, Experience, Education, or Abilities Required:

Will this internship be...	Remote	Onsite	Hybrid
Start Date:	End Date:		
# of Weeks:	Hours per week: (16 hours/ week is standard)		

Student Signature _____

Internship Site Supervisor Signature _____

Appalachian Center Staff Signature _____