



## Work Experience Education (WEE)/Internship Position Description

Please return this to: Maria Ramirez-Camacho, WEE/Internship Specialist  
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805-922-6966 Ext. 3421

### COMPANY INFORMATION (Please complete all items):

Organization/Business Name: \_\_\_\_\_

Contact Person/Internship Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Street  
Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_ Email: \_\_\_\_\_

### INTERNSHIP INFORMATION:

Internship Position Title: \_\_\_\_\_

Position Description (what tasks will an intern perform)?

Application Procedures:

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Application Deadline (if applicable): \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Number of Weeks: \_\_\_\_\_ How many positions do you have available? \_\_\_\_\_

Indicate the semesters this position is available:      Fall              Spring              Summer

Academic Preparation or Experience, if required: \_\_\_\_\_

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What is the rate of pay or stipend?

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