

KANSAS CITY ART INSTITUTE

A four-year college of art and design

REQUEST FOR INTERN

DATE _____

SITE INFORMATION

Company/Organization: _____

Department: _____

Website: _____

Site Supervisor Name: _____

Title: _____

Address: _____

Ph #: _____ Fax #: _____

Email: _____

DURATION OF INTERNSHIPS

When during the year are your internships available? Check all that apply:

FALL _____ WINTER _____ SPRING _____ SUMMER _____

INTERN RESPONSIBILITIES

Title/Type of Internship: _____

Desired Hours/Schedule: _____

Desired Start Date: _____ End Date: _____

Is this paid? _____ If yes, rate of pay: _____

Skills required: _____

Skills desired: _____

IN ORDER FOR THIS FORM TO BE PROCESSED, PLEASE ATTACH:

- 1) A COMPLETE INTERNSHIP DESCRIPTION INCLUDING DUTIES TO BE PERFORMED BY THE INTERN.
- 2) PROOF OF LIABILITY INSURANCE COVERAGE. Please have your insurance company mail or fax an up-to-date Certificate of Insurance. FAX 816-802-3480