



Business/ Agency Participation Request

Details

Business/ Agency Name: _____

Main Contact Name: _____

Mailing Address: _____

City, State, Zip: _____

Worksite Address *if different*
than above: _____

Phone and Email Address: _____

Brief Description of Intern Responsibilities

Responsibilities _____

How many interns are you able to host in a given semester, **understanding that you would only have 1 intern at any specific time period in the day?** _____

Additional Notes

Interns will come to you between the hours of 8:00 am and 3:00 pm. The specific time of their internship will be based on their class schedule. They will come Monday – Friday at the same time each day.

1301 E. Main St. Cushing, OK 74023 | Office: 918-225-2400

Email: Tracy@cushingchamber.org



Cushingchamberofcommerce.org

You understand that taking part in this program, you agree to treat the high school intern as an employee- providing duties and opportunities to explore this profession and become part of the organizational culture (*excluding any duties that are a confidentiality breach within your business/ agency*).

Signature: _____ **Date:** _____

Thank you for agreeing to host one of Cushing High School’s interns at your site. Your partnership is critical to the success of this program. If you have questions, feel free to reach out to me at any point.

Tracy Caulfield - President/ CEO