Internship Learning Covenant

INTERN: Name:				
	Local Address:			
	City:	State:	_ Zip Code:	
	Email Address:			
	Phone number: Cell phone:			
	Preferred way to be contacted (e.g., email, cell phone):			
ORGANIZATION: Name of Organization:				
	Address:			
	City:	State:	Zip Code:	
	Si dYfj]gcfÑgBUaY: SSSSSSSSSSSSS			
	Gi dYfj]gcfNg9aU]`AXXfYgg SSSSSSSSS			
	Gi dYfj]gcfÑg D\cbY bi a VYf: SSSSSSSS Cell phone:		Cell phone:	
	Preferred way to be contacted (e.g., email, cell phone):			

2. LEARNING ACTIVITIES: