

## College of Health, Human Services and Nursing Department of Human Services

## **Agencies of Interest Form**

List 3 agencies you would like to contact to seek a possible internship:

Agency Name:
Contact Person/Title:
Phone Number:
Address:
Email:
Position/skills interested in learning:
Agency Name:
Contact Person/Title:
Phone Number:
Address:
Email:
Position/skills interested in learning:
Agency Name:
Contact Person/Title:
Phone Number:
Address:
Email:
Position/skills interested in learning: