

Center for *I*ntegrated *T*raining & *E*ducation

INTERNSHIP INFORMATION SURVEY – Cohort 1

LAST NAME, FIRST NAME

.....

HOME ADDRESS

.....(Apt).....

.....(Zip).....

HOME PHONE

(.....).....

EMAIL ADDRESS (print clearly)

SCHOOL NAME WHERE YOU WILL
BE DOING YOUR INTERNSHIP

.....

SCHOOL ADDRESS

.....

..... (ZIP).....

SCHOOL PHONE

(....).....

***Check one location, day:**

Brooklyn, Saturday.....

Brooklyn, Sunday.....

Oceanside, Saturday

Oceanside, Sunday.....

Suffolk, Saturday.....

Westchester, Saturday.....

Staten Island, Saturday.....

CURRENT POSITION

.....

Date of Internship Orientation

.....

Sincerely,

Michael Schildkraut

Internship Coordinator
Russell-Sage/CITE

..... part of the program

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