

# FOUNTAIN HILLS FALCONS

## Non Fountain Hills Chamber Workplace Agreement

Intern: (first & last name) \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Business/Organization Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Intern Host Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Intern Mentor (if different from contact): \_\_\_\_\_

Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

Expected Number of Hours Per Week: \_\_\_\_\_

This is an internship through my EVIT Program. The program is \_\_\_\_\_.

This is an internship through my Sports Medicine Class here at FHHS.

Student Name (print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Intern Host/Mentor (print): \_\_\_\_\_

Intern Host/Mentor Signature: \_\_\_\_\_

If Applicable - EVIT Program Instructor (print): \_\_\_\_\_

If Applicable - EVIT Program Instructor Signature: \_\_\_\_\_

Barrie Pinto  
Principal

Evelyn Wynn  
Dean of Students