

General Information:

2021 Intern Experience ApplicationApplications are due by Sept 10th, 2021- space is limited. We will accept the first 25 applications.

Please complete the first two pages and then work with your employer to complete page three. Once all pages are complete, you may scan and email the completed packet or drop the completed packets off at 302 S. Greene St. Greenville, NC 27834

For more information, or to submit your material via email, please contact: Kimber Stone (kimber@greenvillenc.org)

Name:						
Last		First		M.I.		
Preferred Name: _						
Mailing Address:	Street or P.O. Box			Apt. #		
City		State		ZIP		
Preferred Phone #:	☐ Mobile:		Other:			
Preferred Email: *Email will be the primary means of communication						
Gender (optional):	□м □ F					
Application Participation Agreement:						
understand that my atte Furthermore, I understa	ant in the Greenville-Pitt Co endance at the Intern Expendent and that to gain the maximu ons and/or events. Addition g:	rience events numbenefits of t	nay be reported bhis program, my	eack to my employer. attendance is highly		
B. waiving myC. I assume a	ne Greenville-Pitt County C right to sue the Greenville Il risks of participating in thi dental to this program	-Pitt County Ch	amber of Comm	erce,		
I understand the above	commitments and agree to	be bound by t	hem in the signin	g of this application.		
Signature:		Date:				

Educational Background

Please list all colleges, universities, business, or trade schools you have attended.

Institution(s) Attended	Year(s) of Attendance	Major	Degree(s) Obtained (ex: AA, BA, PhD)			
What are your goals after graduation?						
What originally attracted you to Pitt County?						
What are the most important qualities you look for in a potential employer?						
What are the most important qualit	ties you will look for in a	a place to live after g	raduation?			

Employment / Sponsor Information Business/ Organization: Mailing Address: Street or P.O. Box ZIP City State Work Phone: Extension: **Current role:** Current Supervisor: Phone: Supervisor Email: Describe the nature of your role within this organization: **Employer/Sponsor Agreement:** By signing below, I understand the time commitment (around 11 hours) required of my intern to participate in the Greenville-Pitt County Chamber of Commerce Intern Experience. Therefore, I approve of their absence to attend all sessions of the Intern Experience. My signature also indicates that I agree to make the registration payment by Sept 19th, 2021. My signature further indicates that the applicant has the approval of our organization and we fully support their participation in the program. Signature: _____ Date: _____