

General Information:

2023 Intern Experience ApplicationApplications are due by Friday, May 19th, 2023 - 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)

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Last		First		М.І.
Preferred Name: _				
Mailing Address:				
	Street or P.O. Box			Apt. #
City		State		ZIP
Preferred Phone #:	☐ Mobile:		Other:	
Preferred Email: *Email will be the primary	y means of communicatio	on		
Gender (optional):	□м □ F			
Application Participa	ation Agreement:			
If selected as a participa understand that my atte Furthermore, I understa encouraged at all session this document, including	endance at the Intern E and that to gain the ma ons and/or events. Add	xperience events m ximum benefits of th	nay be reported banis program, my a	ack to my employer. ttendance is highly
B. waiving myC. I assume al	ne Greenville-Pitt Coun right to sue the Green Il risks of participating i dental to this program	ville-Pitt County Ch	amber of Comme	
I understand the above	commitments and agre	ee to be bound by the	nem in the signinឲ	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 graduati	ion?					
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 qualities you will look for in a place to live after graduation?						

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 Thursday, May 25th, 2023. My signature further indicates that the applicant has the approval of our organization and we fully support their participation in the program. Signature: _____ Date: _____