



BLUEPRINT FOR LEADERSHIP INTERNSHIP REQUEST FORM

Agency			
Executive Director			
Address			
Phone		FAX	
Email			
Name of Board Mentor			
<input type="checkbox"/>	I am interested in providing an internship with our Board		
Special areas of interest/needs are:			
<input type="checkbox"/> Finance	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Marketing
<input type="checkbox"/> Legal	<input type="checkbox"/> Personnel	<input type="checkbox"/> Planning	<input type="checkbox"/> Other (explain)
Does your agency provide orientation for incoming board members?			<input type="checkbox"/>
Is your board currently under transition?		<input type="checkbox"/>	If yes, please explain:

How often does your board meet?	Day of Meetings	Time of Meetings	
Board/Committees	How often do they meet?		

Please attach the following and return with your Internship Request Form:

- A copy of your organization's mission
- A current board roster, including mailing address and daytime phone numbers
- Your last fiscal year's financial statement

Return to:

Krista Winfield-Estes
 HandsOn Jacksonville, Inc
 6817 Southpoint Parkway, Suite 1902
 Jacksonville, FL 32216

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