BLUEPRINT FOR LEADERSHIP

INTERNSHIP REQUEST FORM

AGENCY: _____

EXECUTIVE DIRECTOR: _____

ADDRESS: _____ **ZIP** _____

PHONE: _____**FAX NUMBER**_____

NAME OF BOARD MENTOR:_____

_____ **I am interested in providing an internship with our Board.**

_____ **I have enclosed a one page overview of my agency.**

_____ **I have enclosed the current roster of our Board of Directors including mailing address and daytime phone numbers.**

Special areas of interest/needs are:

_____ **Finance** _____**Planning** _____ **Program**

_____ **Fundraising** _____ **Marketing** _____ **Personnel**

_____ **Public relations** _____ **Legal** _____ **Other (Please explain)**

Board meets:

_____ **Monthly** **Date of meeting** _____

_____ **Quarterly** **Time** _____

Board/Committees	**How often do they meet?**
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Does your agency provide orientation for incoming board members?
____ Yes **_____no**