

MCSD STUDENT INTERN INFORMATION FORM

EMPLOYEE NUMBER _____ **SCHOOL** _____

INTERNTSHIP EMPLOYER _____

LAST NAME _____ **FIRST NAME** _____

PHYSICAL ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

MAILING ADDRESS (if different) _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____

EMAIL _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE NUMBER _____

ETHNICITY: **Are you Hispanic or Latino?** ☐ Yes ☐ No

RACE (please mark all that apply):

- ☐ **American Indian or Alaska Native**
- ☐ **Asian**
- ☐ **Black or African American**
- ☐ **Native Hawaiian or Other Pacific Islander**
- ☐ **White**

SIGNATURE _____ **DATE** _____