PASCUA YAQUI
YOUTH INTERNSHIP PROGRAM

INTERN INFO:

Name: _____

LAST FIRST MIDDLE

Address: _____

STREET CITY STATE ZIP

Phone: _____ Moble: _____

GUARDIAN INFO:

Name: _____

LAST FIRST MIDDLE

Address: _____

STREET CITY STATE ZIP

Phone: _____ Moble: _____

EMERGENCY CONTACT:

Name: _____

LAST FIRST MIDDLE

Address: _____

STREET CITY STATE ZIP

Relationship: _____ Phone: _____

WORK EXPERIENCE:

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
Immediate supervisor and title		Nature of the work and responsibilities	
Reason for Leaving		Hourly Rate Salary	

PERSONAL INFORMATION:

Date of Birth ___/___/___ Sex ☐ Male ☐ Female

Email _____

School Attended _____

Special Skills _____