

Senior Project Student Survival Guide  
John A. Johnson High School

## Documentation for Internship or Volunteer Experience

Student \_\_\_\_\_ CIF # \_\_\_\_\_

is working as an intern or volunteer at the following institution or agency:

Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Job Title \_\_\_\_\_

Is the supervisor also the student's Senior Product mentor? \_\_\_\_\_

The dates of the experience are from \_\_\_\_\_ to \_\_\_\_\_

The student's work schedule each week is \_\_\_\_\_

Duties/activities include \_\_\_\_\_

The student worked \_\_\_\_\_ hours as an intern or volunteer for this organization.

Supervisor's signature \_\_\_\_\_

Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Comments on the student's experience \_\_\_\_\_