



**Participating Employer Interest
Form for
2018 Summer Internship Program**

YES! We will hire an intern for the six-week period from **June 4 through July 13, 2018.**

Name: _____ Title: _____

Firm Name: _____

Address:

Phone: _____ E-mail: _____

Are you offering a paid internship? _____ YES _____ NO

We would like to include our company's pre-selected intern in HRACRE's six week program. _____ YES _____ NO

Please fill out this form and return it HRACRE via facsimile (757.481.1621) or email (admin@hracre.org) no later than **February 15.**