

Application for CVNA's SEAL OF DISTINCTION for your Internship Program

Name of Organization: _____

Address: _____

Executive Director: _____

Email address: _____ Phone: _____

Intern Supervisor: _____ Title: _____

Email address: _____ Phone: _____



Please describe or attach a document outlining the following:

1. The internship job description.

2. The project/program of which the intern will have ownership.

3. Pay.

4. As a member of CVNA's Premier Internship Program I, _____ commit to meeting with the intern weekly to provide professional coaching, such as assisting them with setting goals and objectives, providing constructive criticism, inviting them to board of director meetings, including them in strategic planning discussions, inviting them to community events, etc.

Name: _____ Date: _____

Signature: _____