Bureau of Reclamation Resource Assistant Internship Participant Verification Form Template

To be completed within first week of internship.

Reclamation Intern Supervisor

Name: ___________________________ Email Address: ___________________________

Phone Number: __________________

Intern Information

Name: ___________________________ Email Address: ___________________________

Phone Number: ___________________ Anticipated Graduation Date: ________________

Current Degree Type (undergraduate/graduate):
If undergraduate, current class standing (e.g., freshman sophomore, junior, senior): __________

Start Date of Internship: ________________ End Date of Internship: ________________
(Note: Internship must be at least 11 weeks)

Region/Office of the internship assignment: __________________

Approved Project Proposal name: __________________

Brief description of duties and responsibilities of assignment:

Project measurable and project Competencies outcomes: (e.g. problem solving, strategic thinking, oral communication, etc.)

I certify that the above information accurately represents the work that will be conducted during my internship with the Bureau of Reclamation.

Intern Signature ___________________________ Date ________________

I certify that the above information accurately represents the work that will be conducted by the intern during his/her internship with the Bureau of Reclamation.

Reclamation Supervisor Signature ___________________________ Date ________________