

Reclamation Manual

Directives and Standards

TEMPORARY RELEASE

(Expires 10/01/2021)

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