



Leadership Lorain County Intern Site Application

Summer 2022

Please fill out the following application and send it back to: marketing@leadershiploraincounty.com

| Organization Name | | |
|--|--|--|
| EIN # | | |
| Executive Director/CEO Name | | |
| E-Mail | Phone | |
| Organization Address | | |
| City | Zip | |
| Name of the person who will be the supervisor | f the intern at your site | |
| Name | | |
| Title | | |
| E-Mail | Phone | |
| Interns are expected to work with their site supervisor that you have with them. The intern applicants are to discouraged greatly from taking any leave during the supervisor for your intern, as a supervisor who works the program would detract from the intern's experient | d to expect to work the ho 10-week program. Please k reduced summer hours or h | urs of your organization, and seep this in mind while selecting a |
| Intern Position | | |
| Title | | |
| Number of Hours the intern will be expected to work | | |
| 20 Hours/Week | | |
| 30 Hours/Week | | |
| 40 Hours/Week | | |
| Other (Please Indicate) | | |
| LLC provides one-half of the \$12.50/hour salary. If yo be responsible for paying the other half of the salary payments in late July and late August. | would like to apply for this plus employment taxes. You | s funding please know that you will u will be reimbursed in two |
| Yes, I would like to be considered for this gra | nt No thank you | , I am able to pay the full salary |
| I am interested in additional grant funding i | available. | |
| Will the intern be expected to work on weekends? | Yes | No |
| I acknowledge that I will be billed a \$250 pla for my intern to participate in the Leadership Lorain unless a student is placed with your organization in t | ounty Intern Program. This | • • |