Duke University
Volunteer or Unpaid Internship Activities

Sponsoring Manager Name: _________________________________ Date __________________

Phone __________________

Volunteer/Unpaid Intern Name: ____________________________

Volunteer/Unpaid Intern Dates: From __________ to __________

Volunteer/Unpaid Intern Activities / Learning Objectives:

________________________________________________________________________________________
________________________________________________________________________________________
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AGE RESTRICTION: Some activities may be restricted to those who are at least 18 years of age.

Signature of Sponsoring Manager ___________________________ Date __________________

Signature of Volunteer/Unpaid Intern ___________________________ Date __________________

Signature of Parent/Legal Guardian (if under age 18) ___________________________ Date __________________

Signature of Department Chair or Designee ___________________________ Date __________________

Please return completed activities form to the Sponsoring Manager to be maintained in the Department.

Updated 04.01.14