

2017 AmCham Internship Program Application

Please complete this form and return it to the AmCham Executive Office
via email info@amcham.me by 16:00 h on Tuesday, May 09, 2017.

Company

Contact Person

Contact Phone

Contact email

- *How many interns (university students) would you be willing to accept at your company for a period of 3 months, beginning September 2017? [Circle one]*

1 2 3 4 5+

- *Would your company be willing or has the capacity to accept any student with disabilities as an intern(s)? [Circle one]*

Yes

No

- *If you circled **Yes** as your previous answer, please state how many internship position for students with disabilities you could provide. [Circle one]*

1 2 3 4 5+

- *Students from which field(s) of study would you be most interested in accepting as an intern(s)? [Circle one or more]*

Economics | Law | Political Science | Engineering | Language (English) | Visual Arts |
Tourism Studies | Sciences | Other (Please specify)

Please submit, in a separate document, a brief internship description, which outlines the responsibilities, projects, and tasks that will be expected of the chosen intern for this program.

Submit a separate internship description for each position available with your company or organization.

- *Would your company be in a position to provide for interns any additional benefit i.e. meals and transport, phone, monthly bill paid or something similar? [Circle one. If yes, please specify]*



Yes, _____

No