

**Cleveland State University**  
Maxine Goodman Levin College of Urban Affairs  
Undergraduate Neighborhood Internship Program  
Agency Application

**AGENCY INFORMATION**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:**(\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_

**PROJECTS INTERN WILL WORK ON:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESIRED SKILLS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTIVITIES OR JOB DESCRIPTION:**  
**(be specific as possible)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe the Organization on back or attach information.**