



**INTERNSHIPS**  
CAL POLY POMONA

# ACADEMIC INTERNSHIP EMERGENCY CONTACT INFORMATION

## ACADEMIC INTERNSHIP PARTICIPANT'S INFORMATION

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

ADDRESS \_\_\_\_\_ APARTMENT/UNIT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

IF UNDER 18, YOUR PARENT'S/GUARDIAN'S NAME \_\_\_\_\_

ACADEMIC INTERNSHIP DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

## COMPANY/ORGANIZATION INFORMATION

COMPANY NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

## EMERGENCY CONTACTS

*Please list two emergency contacts.*

PRIMARY EMERGENCY CONTACT'S NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ APARTMENT/UNIT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SECONDARY EMERGENCY CONTACT'S NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ APARTMENT/UNIT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## COMMENTS

*(Include any allergies or special health considerations — or special contact information)*

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_