

Lock Haven Area YMCA  
Internship Request Form



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Major: \_\_\_\_\_

Advisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please briefly explain why you feel the Lock Haven Area YMCA would serve as a quality site for your internship experience:

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Name three things that you would hope to gain while fulfilling your internship requirements at the Lock Haven Area YMCA:

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***Please submit completed form and resume to Jerry Clark, CEO,  
Lock Haven Area YMCA, 145 East Water Street, Lock Haven, PA 17745.***