



JSDC Workforce Pathways Program Application Spring 2026

Application Deadline: Monday, January 5, 2026

Submit application to Info@growingjamestown.com / jamie@growingjamestown.com

STUDENT INFORMATION

Student Name: _____

Student Email: _____

University/College Name: _____

Major Field of Study: _____

Student's Semester/Year: _____

Full-time Student: ☐ Yes ☐ No

INTERNSHIP INFORMATION

Internship Position Title: _____

Work Site Name/Address: _____

Supervisor Name: _____

Supervisor Position Title: _____

Supervisor Email: _____

Internship Hours/Schedule: _____

Expected Attire: _____

How did you find the intern?

(Did you post the position, match with a school, or other?)

If the intern meets qualifications and there is mutual interest, could this internship lead to a full-time position at your organization?

If yes, please describe the potential role and how it relates to the internship experience.

How does this internship position support your organization’s long-term workforce or talent development goals?

What skills or competencies will this intern develop that are important to your industry or our community’s workforce needs?

What opportunities will the intern have to engage with your team, mentors, or local professionals during their placement?

What steps do you take to help interns learn your workplace policies, expectations, and culture while providing a supportive work environment?

Provide examples of specific projects, assignments, or initiatives the intern will work on that go beyond routine clerical tasks.

Does your organization currently partner with local schools, colleges, or workforce programs to recruit or train interns or employees?

☐ Yes ☐ No If yes, please describe:

Have you discussed workplace policies? ☐ Yes ☐ No

JOB DESCRIPTION

LEARNING AND WORK GOALS

(What can the intern expect to learn from this experience, and how does the position align with their major/program?)

INTERNSHIP DETAILS

Hourly Wage: _____
Estimated Internship Hours per Week: _____
Total Anticipated Payroll Cost: _____
Anticipated Start Date: _____
Anticipated End Date: _____

SIGNATURES

Student Name: _____
Internship Supervisor Name: _____

Student Signature: _____
Internship Supervisor Signature: _____

Date: _____

Date: _____

Academic Advisor Name: _____
Academic Advisor Signature: _____

Date: _____