



City of Phoenix
Phoenix Youth R.I.S.E. (Reach & Invest in Summer Employment)
Summer Intern Program
Business Request Form

Business Information

Business Name:			
Address:			
City/ State/ Zip:			
Nearest Major Intersection:			
Primary Supervisor Name:		Phone Number:	
E-mail Address:			
Website Address:			
Alternate Supervisor 1:		Phone Number:	

***Please note that one supervisor or alternate is required to be on site during participant work hours**

Business Description

Select Type of Agency: <input type="checkbox"/> City Department <input type="checkbox"/> Government entity <input type="checkbox"/> Non-profit <input type="checkbox"/> Business			
Describe the business/agency's year-round function:			
Will youth workers have direct contact with the business clients? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," describe the business clients:			
Number of employees at the business:		How many staff members will be responsible for the youth?	
Describe the supervisor's duties related to youth supervision and the plan for alternate supervision in the primary supervisor's absence:			

Job Description (Attach additional pages for different job title):

Job Title:		Number of Openings:
Tentative Schedule: MON TUE WED THUR FRI SAT SUN		
Morning	From:	To:
Afternoon	From:	To:
Evening	From:	To:
Description of Duties:		
Special requirements? If so, please explain:		

Job Skills:

From the list below, select the skills that youth workers will acquire through employment at your worksite. Check all that apply.			
Clerical:	Filing <input type="checkbox"/>	Typing <input type="checkbox"/>	Phones <input type="checkbox"/>
	Photocopying <input type="checkbox"/>	Faxing <input type="checkbox"/>	Other: _____
Computer:	Data Entry <input type="checkbox"/>	Word Processing <input type="checkbox"/>	Database <input type="checkbox"/>
	Spreadsheet <input type="checkbox"/>	Internet/e-mail <input type="checkbox"/>	Other: _____
Interpersonal:	Inter-office Communication <input type="checkbox"/>	Team Work <input type="checkbox"/>	Client Interaction <input type="checkbox"/>
	Time Management <input type="checkbox"/>	Internet/e-mail <input type="checkbox"/>	Other: _____

Requesting Authority:

MUST BE SIGNED BY MANAGEMENT LEVEL REPRESENTATIVE	
Name (Print):	Title:
Signature:	Date:

Please submit one form for each available job title and return via email to Mary Alejandro at mary.alejandro@phoenix.gov

**Or drop off at:
City of Phoenix, City Hall
200 W. Washington St., 19th floor
Phoenix 85003**