

OCONUS MWR INTERN REQUEST FORM
 (www.mwr.navy.mil/mwrprgms/intern.html)

Session: Spring ___ (Jan-Apr) Summer ___ (May-Aug) Fall ___ (Sep-Dec) Year: _____

Name of base: _____

Mailing address: _____

Intern coordinator's name: _____ Title: _____

Phone: (COM) _____ (CELL) _____

E-mail address: _____

Fax: (COM) _____ (DSN) _____

Salary: \$ _____ per week Housing (BOQ, BEQ, etc.): _____

Special certifications/environmental factors to be considered for recruitment: _____

Provide your preference for program area(s) you wish student(s) to assist in.

Program area	# Interns needed	Supervisor's name and email, if different from coordinator above
Aquatics		
CDC		
Fitness		
Fleet recreation		
Food & beverage		
ITT		
Liberty		
Outdoor recreation		
Special events		
Sports		
Teen/youth		
Other:		

The MWR Fund agrees to reimburse PERS 654 for the roundtrip airfare, provide the intern no-cost lodging and salary as specified above.

MWR Director/equivalent name: _____

MWR Director/equivalent signature: _____ Date: _____

Please email or fax to Robin McCord, FAX: (DSN) 882.6847 or (COM) 901. 874.6847
 Email: robin.mccord@persnet.navy.mil