FIRMS INTERESTED IN INTERNSHIP PROGRAM
Paralegal Certificate Program

Name of Firm: ____________________________________________________________

Address: __________________________________________________________________

Contact Person: __________________________________________________________

Phone #: __________________________________________________________________

Email Address: ___________________________________________________________

Specialty of Firm: _______________________________________________________

Is your firm interested in hosting an intern for 10 weeks, approximately 10 hours a week?

☐ YES ☐ NO

Would you be interested in participating in later quarters? (Please note: your name will only be removed from our intern host list upon your request.)

☐ YES ☐ NO

Do you employ paralegals in your firm?

☐ YES ☐ NO

Comments: ___________________________________________________________________

The firm understands that the internship is a non-paid, educational experience and that the internship hours are not considered billable hours.

Please fax form to (949) 824-1220 or mail to:
Paralegal Program
University of California Division of Continuing Education
P.O. Box 6050
Irvine, CA 92616-6050