Pacific Lutheran Theological Seminary

Internship – Arrival Form

**Student Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Address: |  | City/State/Zip: |  |
| Email: |  |  |  |

**Supervisor’s Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Address: |  | City/State/Zip: |  |
| Email: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Weekly Supervisor Meetings:** | | **Period of Internship:** | | **Lay Intern Committee:** | |
| Day: |  | Start Date: |  | Chair Name: |  |
| Time: |  | End Date: |  | Phone: |  |
|  |  |  |  | Email: |  |

**Congregational Financial Commitment:**

|  |  |
| --- | --- |
| Stipend (minimum $1,800 per month): |  |
| Business Mileage Reimbursement per mile: |  |
| If congregation assists with FICA payments, |  |
| to what degree? (dollar amount): |  |

Housing and Utilities Reimbursed

Travel Pool Contribution ($500.00)

Internship Fee ($1,000.00)

|  |
| --- |
| Comments: |
|  |

**Please fill out, save and either:**

Email: [Contexted@plts.edu](mailto:Contexted@plts.edu) *(or)*

Mail: PLTS – Contextual Education Office

2000 Center Street, Suite 200

Berkeley, CA 94704