California Film Commission



Verification Form: PAID INTERNSHIP

PRODUCTION COMPANY INFORMATION	
Date	Queue #
Project Title	
Primary Contact Name	
Email Address	
Office Phone	Cell Phone
SCHOOL / ORG	GANIZATION & INTERNSHIP INFORMATION
School OR Career Based Learning Pro	ogram
Program Type / Degrees Offered	Associate Certificate H.S. Diploma Other N/A
Intern's Name	Email
Area of Interest	Cell Phone
INTERN	SHIP REQUIREMENT VERIFICATION
Start Date	End Date
Department	Total # of Hours
Internship Duties Description:	
Reviewed timecards and payroll r	records. Verified intern is at least 18 years of age.
	chool, Community College, or approved career-based learning program.
Survey completed by intern.	Video testimonial submitted. (Optional) Yes No
	Submitted images of intern at work, if available. Yes No
	fy that the information provided above is accurate to the best of my hat would be expected of a reasonable person in the same capacity.
Primary Contact Name	Date