



# VEHICLE PARKING INFORMATION FORM

Please Complete Name and Vehicle Information ONLY; All Other Information Will be Completed by Volunteer Engagement

<b>Intern Name:</b> (last, first)	
<b>Intern Department (s)</b>	
<b>Intern Location/Site</b>	
<b>Intern Supervisor's Name</b>	

<b>Vehicle # 1</b>	Parking Hang Tag # (if assigned)
<b>License Plate #</b>	<b>State:</b>
<b>Make:</b> (Toyota, Ford, etc.)	<b>Year:</b>
<b>Model:</b> (Circle One) 2 door 4 door cycle pickup van	<b>Color:</b>

<b>Vehicle # 2</b>	Parking Hang Tag # (if assigned)
<b>License Plate #</b>	<b>State:</b>
<b>Make:</b> (Toyota, Ford, etc.)	<b>Year:</b>
<b>Model:</b> (Circle One) 2 door 4 door cycle pickup van	<b>Color:</b>

To Be Completed by Volunteer Engagement

WGH WGS WECH WYH WPH

WSRH WWH WCH Non-Hospital Location

Shuttle - WYH WECH

Dates of Internship