## Internship Agreement: Employer

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| |  |  |  |  | | --- | --- | --- | --- | | Name of Company/Organization: |  | | | | Company/Organization Address: |  | | | | Primary Contact Person: |  | | | | Contact Person Phone: |  | | | | Contact Person Email: |  | | | | Internship Focus (Career Area): |  | | | | Approximate Hours Per Week: |  | | | | Type of Pay: | [ ] Unpaid [ ] Paid by worksite [ ] Paid by other agency or organization | | | | Hourly Pay (if applicable): |  | | | | Start Date |  | End Date: |  | |  | | | |   I / we agree to: |
| [ ] Communicate with the intern and program coordinator to design an internship experience that provides a high-quality learning experience.  [ ] Provide the intern(s) with clear job site expectations and train them to do any work and projects that they will be asked to do. Work tasks will be selected in accordance with applicable child labor laws and workplace safety laws.  [ ] Communicate with the designated school liaison regarding any issues with the intern’s work, attendance or other issues.  [ ] Complete and sign a Work-Based Learning Plan review (provided by intern) each quarter, and assess their skills through the review process provided by the Plan.  In the case of unpaid internships:  [ ] Verify the intern’s hours worked by signing a timesheet (provided by the intern) each quarter. |
| **Workers Compensation / Insurance:** I/We have received information from the program coordinator with regard to workers compensation and/or insurance with respect to this placement, and acknowledge that the intern is covered by our organization’s workers compensation program.  **Non-Discrimination Policy:** I/We hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is an equal opportunity employer and does not discriminate against any person on the basis of race, color, creed, national or ethnic origin, age, sex, sexual orientation, disability, status as a Vietnam era veteran or homeless disposition in access to services in or employment in its programs and activities.   |  |  |  |  | | --- | --- | --- | --- | | Signature: |  | Date: |  | |