



I, \_\_\_\_\_, agree to participate  
(Print Name)

in the Leon County Volunteer Center Internship Program.

- \* I agree to work a minimum of \_\_\_ hours per week for the duration of an academic semester - excluding the last two weeks of a semester. \_\_\_\_\_ (initial)
- \* I agree to turn in my time sheet at the end of each month. \_\_\_\_\_ (initial)
- \* I have read and understand the policies and procedures of the Leon County Volunteer Center Intern Manual. \_\_\_\_\_ (Initial)
- \* I will perform my duties to the best of my ability; observe the job guidelines and the directions of my supervisor; meet time commitments and provide adequate notice in the case of my absence so that alternative arrangements can be made. \_\_\_\_\_ (Initial)
- \* In order to satisfactorily complete the Internship Program, I understand that I must turn in all required forms by the designated due dates. \_\_\_\_\_ (Initial)

**SIGNATURES:**

\_\_\_\_\_  
Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ann Bidlingmaier, Internship Coordinator

\_\_\_\_\_  
Date

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**Internship Placement:**

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Beginning date as Intern: \_\_\_\_\_

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If required by academic faculty:

\_\_\_\_\_  
Academic Sponsor

\_\_\_\_\_  
Date