



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.

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, Volunteer Coordinator

Date

Internship Placement:

Department: _____ Position: _____

Supervisor: _____ Beginning date as Intern: _____

If required by academic faculty:

Academic Sponsor

Date