

AFFILIATED ORGANIZATION AGREEMENT FORM

I certify that _____ (student intern name) will serve as an intern at _____ (name of worksite/facility). This student will be permitted to work _____ hours during the following time period of _____ (start and end dates).

During this time, the student intern will be involved in the following activities:

Worksite/Facility Name: _____

Worksite/Facility Address: _____

Supervisor Name: _____

Supervisor Title: _____

Supervisor Phone: _____

Supervisor Fax: _____

Supervisor Email: _____

Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____