

SUPERVISOR CONTACT INFORMATION:

Name of Organization: _____

Name & Position of Supervisor responsible for Intern: _____

Address - Street: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail address: _____

INTERN CONTACT INFORMATION:

Name of Intern: _____

Address - Street: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail address: _____

POSITION DESCRIPTION:

1. Position Title: _____

Attach Intern Job Description form.

2. Special additional provisions, if necessary:

3. Student will be employed for the following dates: _____ to _____

4. Payment for this internship will be \$8.25 per hour and the intern will be paid by the Arts Leadership Program.

5. Intern agrees to abide by the conditions and instructions outlined within the ALP Internship Guide Book.

AGREEMENT:

This Intern Contract, the attached Intern Job Description and the attached Intern Host Organization Terms of Employment serves as the agreement between the Eastman School of Music Catherine Filene Shouse Arts Leadership Program, the Host organization and the ALP intern as to the details associated with the intern position. Responsibilities are to be as outlined in the job description. By signing below all parties understand and agree to the terms of employment and compensation as outlined.

SIGNATURES:

Intern : _____ Date: _____

Host : _____ Date: _____

ALP : _____ Date: _____

