



STUDENT INTERN AGREEMENT

The following student will work within district buildings to assist with various programs.

Student Name: _____ **Date:** _____

Street Address: _____

City, State, Zip _____

Program: SHADE Junior Team Leader Volunteer
 Special Education Program Community Service
 Other: _____
(Specify)

Duties: _____

Start Date: _____ **End Date:** _____

Payment: Hourly Rate: _____ # of hours: _____
 Stipend Rate: _____

Completed W9 Form Attached? Yes No **Purchase Order#:** _____
(If Yes, please issue a PND for vendor)

Student: _____
Signature

Supervisor: _____
Signature

Administrator: _____
Signature

Purchasing Agent: _____
Signature

Approved: Yes No