



## 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