Dartmouth Center for Service International Internship
CSO SUPERVISOR’S STATEMENT OF AGREEMENT

The student indicated below is applying for funding through the Dartmouth Center for Service (DCS) International Internship program, which supports temporary, full-time service-learning activities for undergraduate students. Return of this document signifies to the Center for Service that your organization has made an agreement with this Dartmouth College Student to provide a specific, volunteer work assignment. All selected DCS Interns have medical insurance and are covered for liability by the College. This is not a legal contract, and is not forwarded to any public agencies. However, this agreement is required by us in order to make funding decisions.

(Organization Name) ________________________________

agrees to take (Intern Name) ________________________________ into the organization and to provide 40 hours of meaningful service work during at least 8 weeks of the (check one) Fall_______ Winter_______ Spring _______ Summer ______, and to supervise this work to the degree that at the end of the internship a brief evaluation can be offered by the supervisor.

_______ The offer of this internship is contingent upon award of a DCS International Internship (optional).

Description of agreed work assignment:
The Dartmouth Center for Service (DCS) provides interns with a stipend of up to $4,000, based on need, to help defray living costs. Host organizations are asked to pay, when possible, a portion of the stipend for the intern. Please indicate the level of stipend you can meet:

a) ______ Yes, we can fund the amount of $__________ as a stipend.

b) ______ No, we will not be able to fund any portion of the student's stipend.

c) ______ We can support the intern with the following living accommodations and/or other assistance______________________________

Date:___________________

Supervisor's Name:________________________ Supervisor's Title:______________________________

Supervisor's Signature:__________________________________________________(*electronic signature accepted)

Address:________________________________________

Phone:________________________ Fax: __________________

Is this a non-profit organization? Yes____ No______________

Does this organization serve an under-resourced community? Yes____ No_______

Is this organization non-partisan? Yes____ No________________________

Length of project:______ weeks  Hours weekly:______ (40 hours minimum)

Starting Date:______________ Ending Date:________________________

Return by deadline date of_____________________________ to:

International Internships
Center for Service, Dartmouth College
6154 South Fairbanks Hall
Hanover, NH 03755-3568
Phone: 603-646-3350 / Fax: 603-646-2645
Email: DCS.International.Internships@Dartmouth.edu

After return of this signed and completed Statement of Agreement from the Community Service Organization, the DCS Intern, by his/her signature below, signifies that the terms of this Agreement are understood and accepted:

________________________________________________________________________________________

(DCS Internship applicant name)  (Date)