



Whitman Internship Grant

Fall 2024 Student-Supervisor Contract

Complete this form and submit it as a PDF file with both signatures.

Student Name (legal name, print): _____

Internship Organization: _____

Supervisor's Name (print): _____

Supervisor's Title: _____

Supervisor's Email _____

STUDENT COMPLETES THIS SECTION

By providing my signature below, I acknowledge that I have been offered the internship at _____
_____. The Internship starts ____/____/____ and ends ____/____/_____.

If I am awarded WIG funding, I will complete the internship and fulfill the internship requirements set by Whitman College. I adhere and acknowledge that grant funding is non-transferable and will be in contact should my internship change for any reason.

Student Signature: _____ Date: _____

Student WID#: _____

SUPERVISOR COMPLETES THIS SECTION

By providing my signature below, I acknowledge that I have read and approved the student's internship application including the short answer questions. I have read the Whitman Internship Grant Supervisor Information document and I certify that this is an unpaid internship that meets the [Department of Labor Standards for Unpaid Internships \(Fact Sheet #71 in the addendum\)](#).

I agree to support the intern's educational and career goals (e.g. attend meetings out of the office, introduce the intern to staff and community partners, share relevant readings, etc.). I agree to provide regular feedback in written or in person format, and will schedule regular meetings with the intern. I certify that I will set up and provide the necessary safety training, onboarding, and orientation to the organization.

I understand that a student interning for a political party, a federal, state or local elected official must not be involved in activities that directly aid or assist a candidate's or political party's efforts to win a nomination or an election (e.g. campaigning, registering citizens to vote or transporting voters to the polls). I acknowledge that all meetings with Whitman students must take place in public spaces and must not take place in private residences.

Internship Supervisor's Signature: _____ Date: _____