

# State of Vermont Internship Program

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OFFICIAL USE ONLY Position #:

## **Internship Agreement**

*To be completed by all parties prior to the start of the internship.*

THIS AGREEMENT is entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between the State of Vermont, Agency/Department of \_\_\_\_\_, hereinafter referred to as "State," the educational institution know as \_\_\_\_\_, and \_\_\_\_\_, hereinafter referred to as "Intern".

WHEREAS, the State desires the services of the Intern and the Intern desires the learning experience that an internship in a state department affords. NOW THEREFORE, the parties hereby agree each with the other as follows:

I. ASSIGNMENT, TERM, LOCATION. The general nature of the Intern's assignment shall be:

Hours shall be: \_\_\_\_\_.  
Duration of internship shall be \_\_\_\_\_.  
Location of internship shall be \_\_\_\_\_.

II. DUTIES. The duties of the Intern shall include but not be limited to:

III. CREDIT – REQUIREMENT. The Intern may receive academic credit for successful completion of this project or may fulfill a requirement of her/his academic program. The internship shall be carried out under the direction of an educational advisor. It is understood that all academic credit is to be arranged by the Intern and the educational institution prior to the start of the internship. The educational institution assumes the collateral responsibility with the State of Vermont Internship Program Coordinator to see that the Intern fulfills the terms of this Agreement.

IV. COMPENSATION. During the course of the internship, as compensation for performance of the duties herein described, the Intern may receive \$ \_\_\_\_\_; **and/or** non-monetary compensation of \_\_\_\_\_; **or**

Not applicable – This internship experience is unpaid.

Said compensation shall constitute payment in full for all functions performed by the Intern. It is understood that all forms of compensation are considered to be taxable income.

V. LIABILITY COVERAGE. The Intern will be covered under the State of Vermont liability program in accordance with VSA Title 3: Executive Chapter 29: Claims Against State Employees 1101. Obligation of state to defend employees.

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VI. WORKERS' COMPENSATION. Paid interns are temporary employees and are covered under the State of Vermont Workers Compensation Fund self-insurance program. Unpaid interns are volunteers and are covered under the State of Vermont workers compensation program. As per, VSA Title 3: Executive Chapter 29: Claims Against State Employees 1101. Obligation of state to defend employees.

VII. LEGAL REPRESENTATION. The intern is entitled to legal representation in the case of a civil action arising from an act or omission in the performance of duties during the term of the internship.

VIII. STATE VEHICLES. Use of State vehicles by interns for internship related work is not permitted without prior written approval from the site intern supervisor and in some situations the Commissioner of Buildings and General Services.

IX. RELEASE OF INFORMATION. The State of Vermont Internship Program may release information regarding Intern's application, internship placement, attendance, and performance to the site intern supervisor and the educational advisor. The aforementioned information may also be released to the following individuals and/or agencies: \_\_\_\_\_

\_\_\_\_\_ Print Full Name Relationship  
\_\_\_\_\_ Print Full Name Relationship

X. TERMINATION. In the event that conflicts develop during the internship period, the intern supervisor shall inform the Coordinator of the State of Vermont Internship Program and the Intern shall inform their educational advisor. If, after consultation between the site intern supervisor, the Intern, the Coordinator of the State of Vermont Internship Program and the academic advisor, a resolution of the matter cannot be agreed upon, this agreement may be terminated immediately by either the site intern supervisor or the Intern.

**SITE INTERN SUPERVISOR**  
Name \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_

**INTERN**  
Name \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_

**EDUCATIONAL ADVISOR (if applicable)**  
Name \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_

cc: Personnel File