

# WORKFORCE INTERN PROGRAM WORK PLAN



INTERN HOSTS PLEASE DOWNLOAD THIS FORM AND COMPLETE AND PROVIDE A COPY TO THE FH CHAMBER OF COMMERCE PRIOR TO INTERN STARTING

## INTERN HOST

BUSINESS/  
ORGANIZATION NAME:

HOST ADDRESS:

HOST PHONE:

HOST WEBSITE:

INTERN HOST  
CONTACT NAME:

INTERN HOST  
CONTACT PHONE:

PHYSICAL LOCATION OF TRAINING:

INTERN SUPERVISOR  
MENTOR NAME:

TITLE:

EMAIL:

PHONE:

INTERN NAME:

INTERN PHONE:

INTERN EMAIL:

## HOST REQUESTS:

(STUDENT TO CHECK ALL TO CONFIRM ACCEPTANCE, OTHERWISE LEAVE NOTES FOR AMENDMENTS)

INTERN HOST: DAYS & TIMES ARE FLEXIBLE AND WILL WORK WITH THE STUDENT TO DETERMINE.

START DATE:                      END DATE:                      DURATION: # OF WEEKS                      EXPECTED HOURS PER WEEK:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CREDIT:  INTERN HOST & STUDENT UNDERSTANDS THIS IS NOT A PAID INTERNSHIP AND STUDENT WILL EARN GRADUATION CREDIT UPON COMPLETION OF THE PROGRAM PER FHUSD REQUIREMENTS.

## NOTES/COMMENTS

## DECLARATION:

BY SIGNING THIS INTERN WORK PLAN ALL PARTIES BELOW UNDERSTAND THAT THE WORK PLAN OUTLINES THE MUTUALLY AGREED UPON PROPOSED ACTIVITIES WHICH THE INTERN WILL BE RESPONSIBLE FOR FULFILLING AND WHICH THE INTERN HOST WILL BE RESPONSIBLE FOR PROVIDING AS PART OF THE WORKFORCE INTERN PROGRAM EXPERIENCE. CHANGES TO WORK PLANS ARE A NORMAL PART OF ANY INTERNSHIP, AND ARE PERMISSIBLE AS LONG AS THE ACTIVITIES REMAIN WITHIN A RELEVANT LEARNING FOCUS AND ALL PARTIES AGREE TO THE CHANGES.

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STUDENT TO SIGN

.....  
DATE

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INTERN HOST TO SIGN

.....  
DATE