



## INTERN REQUEST FORM

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

CEO/Executive Director: \_\_\_\_\_

Chief Development Officer: \_\_\_\_\_

Name of AFPLI Member: \_\_\_\_\_

Name of Intern Supervisor: \_\_\_\_\_

Intern Project Description (Subject to approval): Please describe and include intern responsibilities, goals and the extent of project "ownership" by the intern. Attach the project description if you need more space.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Agreement

The AFPLI Chapter agrees to fund a part time intern for a period of 15 hours a week for 12 weeks with a \$1,000 stipend paid directly to the intern in two installments – mid term and upon completion of the program. In return, the organization agrees to the following:

- Prospective intern will be interviewed and approved for inclusion in the Intern Program by the AFPLI Chapter.
- The intern will be interviewed by the organization. Both the organization and the intern must agree to the internship. Either party may decline the opportunity without prejudice.
- At least one employee or volunteer of your organization must be a current AFPLI Chapter member
- Your organization must have a 501(c) (3) designation
- Payment of a supplemental intern salary of \$42.00 a week + reasonable expenses (I.E. mileage reimbursement for use of personal vehicle)\*
- Assignment of an AFPLI approved project
- Weekly face to face supervision
- Inclusion in related departmental meetings
- Two written progress reports – mid term and final evaluation
- Where practical, interns should be encouraged to attend scheduled AFPLI functions (such as monthly educational breakfast meetings)
- Intern mentoring re employment search
- Upon notification of the AFPLI Chapter Administrator, the internship may be terminated by the organization or intern at any time without prejudice (barring illegal or grossly inappropriate behavior).

Name of CEO/Executive Director: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved

\_\_\_\_\_ President, AFPLI Chapter

\* It is assumed that most organizations, regardless of size, can afford and justify a \$42.00 per week supplemental intern salary. If your organization can not afford this supplemental salary, please attach an explanation and your request for an exception will be considered.