

# INTERNSHIP CONTRACT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Please Print Please Print

I agree to the following terms in regard to my Winterim internship:

- to work a minimum of 50 hours in an unpaid position during the ten days of my internship.
- to turn in my Daily Record and my final internship project by January 23.
- that I have already made arrangements for my internship with my host.
- that my host understands the purpose and requirements of my internship.

\_\_\_\_\_  
Intern's Signature

I understand and agree to my child's responsibilities in the Winterim internship.

\_\_\_\_\_  
Parent's Signature

**HOST INFORMATION** {If this information is the same as on your application, simply write SEE APPLICATION. Otherwise, fill in all required information.}

Contact Person\* \_\_\_\_\_

Organization\* \_\_\_\_\_

Business Phone\* \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address\* \_\_\_\_\_

\* *Required information*

Chicagoland hosts may anticipate a visit from a Wheaton Academy faculty member during the student's internship. A personal contact will be made to determine the most convenient time for this visit.

*Please return to Internship Coordinator by OCTOBER 24.*

Trish Main • Internship Coordinator • 630.562.7521 • [tmain@wheatonacademy.org](mailto:tmain@wheatonacademy.org)