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**COMMUNITY ORGANIZATION**

**SUPERVISOR’S STATEMENT OF AGREEMENT**

This form should be completed by the agency supervisor and returned to the student to be submitted with the application.

The student indicated below is applying for funding from the Dartmouth Center for Social Impact (DCSI) to support an unpaid volunteer placement at your organization. Funding for this program is extremely competitive. Funding decisions are made within a month of the application due date. Submission of this form signifies to DCSI that your agency has agreed to provide the specific volunteer assignment described below and has designated a specific supervisor to oversee that work. Dartmouth Center for Social Impact provides interns with a stipend of up to $5500, based on need, to help offset living costs.

This agreement is not a legal contract, and is not forwarded to any public agencies. A student’s application for DCSI funding will not be considered complete until this form has been completed.

Organization Name:  
Organziation Address:

Organziation Supervisor Name:

Organziation Supervisor Title:

Organziation Supervisor Phone:

Organziation Supervisor Email:

Student Name:

(Organization Name) agrees to take (Student Name) into the organization as a volunteer and agrees to the following:

* To provide 40 hours of meaningful in-person service activity for a duration of 8-10 weeks. Remote placements are not permitted.
* To provide the student adequate training to allow for successful completion of the tasks assigned.
* To supervise this service activity to the degree that at the end of the internship a brief evaluation can be offered by the supervisor.

Is this a non-profit organization? Yes No

Does this organization serve an under-resourced or historically marginalized community? Yes No

Is this organization non-partisan? Yes No

**Starting Date:** **Ending Date:**

**List of tasks and deliverables of volunteer activity:**

**Does this internship require any pre-screens (ex. background check, immunization records)?**

* **Yes**
* **No**

**If yes, what are they?**

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**(supervisor signature) (Date)**

After return of this signed and completed Statement of Agreement from the Community Organization, the student applicant, by his/her signature below, signifies that the terms of this Agreement are understood and accepted:

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**(DCSI applicant signature) (Date)**