Text

Description automatically generated

6154 South Fairbanks Hall  
Hanover, New Hampshire 03755-3529  
**T** (603) 646-3350  
**E** [service.internships@dartmouth.edu](mailto:service.internships@dartmouth.edu)

**Internships**

**CSO SUPERVISOR’S STATEMENT OF AGREEMENT**

The student indicated below is applying for funding from the Dartmouth Center for Social Impact (DCSI) to support a remote social impact internship 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 work assignment described below and has designated a specific supervisor to oversee that work. This Statement of Agreement records the details of funding. All selected DCSI Interns are covered by medical insurance. 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) agrees to take (Intern Name) into the organization as a remote intern and to provide at least 30-40 hours of meaningful service work during at least 8 weeks of the term, and to supervise this work to the degree that at the end of the internship a brief evaluation can be offered by the supervisor.

The offer of this internship is contingent upon award of a DCSI Internship (optional).

**List of tasks and deliverables of internship:**

Dartmouth Center for Social Impact provides interns with a stipend of up to $1,500, based on need, to help defray living costs.

**Date:**

**Supervisor's Name:**

**Supervisor’s Title:**

**Supervisor's Signature:**

*(\*electronic signature accepted)*

**Address:**

**Phone:**

**Is this a non-profit organization?** Yes No

**Does this organization serve an under-resourced community?** Yes No

**Is this organization non-partisan?** Yes No

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

**If so, what are they?**

**Length of project:** weeks **Hours weekly:**

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

**Return by deadline date of** **July 29th** **to:**

Internships

Dartmouth Center for Social Impact, Dartmouth College

6154 South Fairbanks Hall

Hanover, NH 03755-3568

Phone: 603-646-3350 / Fax: 603-646-2645

Email: service.internships@dartmouth.edu

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(DCSI Internship applicant name) (Date)**