

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

**Internships**

**CSO SUPERVISOR’S STATEMENT OF AGREEMENT**

Please fill out this form and return it to service.internships@dartmouth.edu by the application deadline.

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 an intern and to provide 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 $5000, based on need, to help offset 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 application deadline date:**

 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:

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