



ALP
Intern Contract
Summer/ Post Graduate

SUPERVISOR CONTACT INFORMATION:

Name of Organization: _____

Name & Position of Supervisor responsible for Intern: _____

Address - Street: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail address: _____

INTERN CONTACT INFORMATION:

Name of Intern: _____

Address - Street: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail address: _____

POSITION DESCRIPTION:

1. Position Title: _____

Attach Intern Job Description form.

2. Special additional provisions, if necessary:

3. Student will be employed for the following dates: _____ to _____

4. Payment for this internship will be as per the Award Letter and the Arts Leadership Program will pay the intern. Additional compensation or support may come from the host and be paid or provided directly to the Intern and must be disclosed to the Arts Leadership Program Assistant Director. Failure to disclose such amount or support may result in cancellation of award as per the terms of the Award Letter.

5. Intern agrees to abide by the conditions and instructions that are applicable to a summer or post graduate experience as outlined within the ALP Internship Guide Book.

AGREEMENT:

This Intern Contract, the attached Intern Job Description and the Intern Host Organization Terms of Employment serve as the agreement between the Eastman School of Music Catherine Filene Shouse Arts Leadership Program, the Host organization and the ALP intern as to the details associated with the intern position. Responsibilities are to be as outlined in the job description. By signing below all parties understand and agree to the terms of employment and compensation as outlined.

SIGNATURES:

Intern : _____ Date: _____

Host : _____ Date: _____

ALP : _____ Date: _____