County of Riverside Student Internship Program

INTERNSHIP PERFORMANCE AGREEMENT

l,				, agree to	abide by t	he following	g conditions:	:		
	(Stude	nt Nam			,					
1.	To be i	n regul	ar attendar	ice and on t	ime for the	duration of	f my interns	hip.		
2.	To conform to the regulations of the organization in which I am working with regards to dress and conduct.									
3.	To notify my supervisor in advance if I must be absent.									
4.	To notify the College Relations Specialist should any problems or concerns arise regarding my internship.									
5.										
	Program (TAP) in a timely manner each pay period.									
6.	Submit necessary school documentation in accordance with the guidelines.									
Student	Initials	·								
Date:										
(For Sup	ervisor	to Com	plete)							
	sor Pho	ne:				_				
	INTERNSHIP HOURS:									
Mon	<u>1</u>	<u>ue</u>	Wed	<u>Thur</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>			
INTERN:	SHIP DA	TES:								
Begins:		_/	/	E	inds:	/	/			
Final Ev	aluatior	Confe	rence Sched	duled for:	/	/				
Planned	l absend	es:								

1.										
2.										
3.										
Specific	projects and products:									
-										
1.										
2.										
3.										
c :t:										
Specific	resources and strategies to be used:									
1.										
2.										
3.										
.										
	AGREED TO BY:									
Student	Signature:	Date:								
Supervi	sor Signature:	Date:								

General intern responsibilities: