



## Student-Supervisor Contract

STUDENT \_\_\_\_\_ STUDENT ID \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

What type of service does your organization provide?

---

---

---

---

What are the expected duties of the student?

---

---

---

---

Can the student expect orientation, training and regular supervision in their service?

---

How many weekly volunteer hours should the student expect to fill? \_\_\_\_\_

What will be the start and close dates of the contract? (Not to be fewer than 10 weeks)

---

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_