



STILLWATER NATIVES NURSERY
 collaborating with
Friends of Bandon Parks & Recreation

Internship Agreement

Intern Information

Last Name: _____ First Name: _____ Middle Initial: _____

Address/City/Zip Code: _____

Phone Number: _____ Birth Date: _____

Emergency Contact name and Number: _____

Email Address: _____

Nursery Information

Intern Supervisor: Darcy Grahek Phone Number: 541-260-2182

Address/City/Zip Code: 53701 Beach Loop Rd, Bandon, OR 97411

Home Phone Number(s): 541-347-2855

Type of Placement (check any): Work Experience Internship Transitional Job Paid Unpaid

Worksite Information

Name of Business: Stillwater Natives Nursery Site Supervisor: Darcy Grahek

Address/City/Zip Code: 53701 Beach Loop Rd, Bandon OR 97411

Phone Number: 541-260-2182 Liability Insurance Carrier: Safeco

Work Experience Internship: Start Date: _____ End Date: _____

Total Number of Work Experience Hours: 72 hours Starting Wage: Unpaid

Upon completion of Internship, **Friends of Bandon Parks & Recreation** will provide a check for **\$800.00** as a stipend to this student.

Supervisor Responsibilities

1. The designated individual(s) who signs this agreement is authorized to represent the worksite.
2. Define and negotiate the work activities, work hours, and timeframes for the participant, based on the attached job description.
3. Provide the participant with an orientation to the procedures and regulations of the worksite.

Supervisor Responsibilities (continued) Provide training and demonstrations on work and protocols.

4. Provide an alternate supervisor for the participant to report to at all times when the designated supervisor is not available.
5. Provide sufficient tasks (as defined within the attached job description) to occupy the participant during work hours.
6. Verify and sign that participant actually worked the recorded hours on the timesheet.
7. Provide a performance evaluation of the participant during and upon completion of the work-based learning activity, as defined within this agreement.
8. Provide the participant reasonable opportunities to improve performance and work habits prior to termination of internship.
9. Notify school representative of any problems or circumstances that could potentially lead to an early termination of the agreement.
16. Report any work accidents or injuries related to the participant to participant's parent or guardian.
17. Provide general liability insurance coverage for the worksite.

Participant Responsibilities

1. Observe safety precautions and protocols.
2. Interact well with others and cooperate in a team environment.
3. Follow directions and communicate as needed about plants, nursery and activities.
4. Be willing to get dirty, maybe get wet, and work outdoors
5. Dress appropriately for conditions.
6. Be on time.
7. If participant misses a day, arrange an alternative make-up time.
8. In the event participant is sick, it is essential that the participant *not report* to their internship duty.
9. Problem solve but also have a willingness to ask for help.
10. Work well with nursery volunteers.

By signing below, you acknowledge that you and your parent/guardian consent to participation in this unpaid internship and agree to the *Participant Responsibilities* outlined above. Note that if credit is available from your school for participation in an internship we are glad to work with you to meet any requirements for receiving credit.

Internship participant

Date:

Intern and Nursery Supervisor

Date

Intern Parent or Guardian

Date

Friends of Bandon Parks & Recreation President

Date