



Community Internship Collaboration Mentor Agreement Form

Name of Business: _____

Mentor Name (Student's Direct Supervisor): _____

Mentor Phone: _____ Email: _____

Projected Hours: _____ 60 hours _____

If matched with a student intern, I agree to:

- Complete Project Planning Worksheet with my student intern
- Meet weekly with my student intern and set the following week's goals
- Communicate with my student intern and CIC coordinator as needed
- Complete mentor survey at end of internship
- Provide written and/or verbal testimonials and, if I am comfortable, participate in interviews, podcasts, or videos

Signature

Date