

**Agricultural & Extension Education 489  
Internship in Agricultural Occupations**

**Internship Agreement and Training Plan**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Position Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Agriculture Taxonomy Area:** (check  all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Production Agriculture         | <input type="checkbox"/> Agricultural Processing     |
| <input type="checkbox"/> Farm Business Management       | <input type="checkbox"/> Horticulture                |
| <input type="checkbox"/> Small Animal Production & Care | <input type="checkbox"/> Natural Resources           |
| <input type="checkbox"/> Agricultural Business          | <input type="checkbox"/> Environmental Management    |
| <input type="checkbox"/> Industrial Equipment           | <input type="checkbox"/> Forestry                    |
| <input type="checkbox"/> Agricultural Education         | <input type="checkbox"/> Agricultural Communications |

**Employer Information:**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Work Schedule:**

Beginning Work Date: \_\_\_\_\_

Ending Work Date: \_\_\_\_\_

Normal Work Hours: \_\_\_\_\_ to \_\_\_\_\_

- Normal Work Days:  Monday  Saturday  
 Tuesday  Sunday  
 Wednesday  
 Thursday  
 Friday

**Competencies:** Please list the competencies which you will develop during your internship.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

The undersigned agree to conform with this agreement. Two weeks notice must be given to all parties before this agreement is terminated.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date