



**STATE OF DELAWARE  
STATE INTERNSHIP PROGRAM  
STATE INTERNSHIP PROGRAM AGREEMENT**

**SECTION 1: REQUEST TO FILL**

Hiring Manager:	Date of Request:
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DEPARTMENT	DIVISION	INTERNSHIP TYPE
		State Internship Program

Contact Email:

Contact Phone:

Building Name:

Street Address:

City & Zip Code:

TITLE	START DATE	END DATE

**SCHEDULE NOTES**

**ASSIGNED DUTIES/PROJECTS**

- 
- 
- 
- 
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**CANDIDATE SKILLS DESIRED**

- |                     |   |
|---------------------|---|
| • Area(s) of study: | • |
| •                   | • |
| •                   | • |
| •                   | • |

**APPROVAL**

Hiring Manager:	Date:
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HR Designee:	Date:
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Forward the approved request to the DHR Internship Program Coordinator at  
[jobs@delaware.gov](mailto:jobs@delaware.gov). Subject line: "State Internship Request"

## SECTION 2: OFFICIAL PROGRAM AGREEMENT

This agreement outlines the duties and responsibilities of the Agency/Department, Program Coordinator, and Intern completing this Program Agreement. It also confirms assignment schedule, policy acknowledgements, and other important information.

The Department of Human Resources accepts the service of all Interns with the understanding that such service is at the sole discretion of the Agency/Department. Intern agrees that the Agency/Department may at any time, for any reason, terminate the program.

### INTERN CONTACT INFORMATION

Candidate Name:

Mailing Address:

City, State & Zip Code:

Phone:

Email:

### SCHEDULE

Reports to:

Contact Phone:

Contact Email:

DAYS:	SUN	MON	TUES	WED	THURS	FRI	SAT
Start Time:							
End Time:							

Schedule Notes:

## SECTION 3: AGREEMENTS AND RESPONSIBILITIES

### INTERN

- I understand that as a Student Intern I am required to comply with:  
[the State of Delaware Employee Code of Conduct](#).
- I understand and confirm that I am a Student Intern, and I agree to provide services **without** compensation, unless stated otherwise in my *Appointment Letter* from the State of Delaware, and understand the risks involved in volunteering.
- I acknowledge that neither the State of Delaware, nor the Agency/Department, will assume any financial responsibility for injuries or illness that I might incur while performing voluntary services.
- I understand and agree to adhere to the State of Delaware's policies governing the observation of confidentiality and the handling of confidential information.
- I understand and agree to adhere to Agency/Department work hours/schedule, policies and procedures, in addition to the rules governing professional staff behavior. Furthermore, I agree not to attempt work that is beyond my abilities or for which I have not been assigned, trained, or authorized.

- I hereby agree that I have never been convicted of a felony or Class A Misdemeanor.
- I understand and agree that the Department of Human Resources reserves the right to inquire into my background, including a criminal history report, if applicable.
- I certify that I have read, understand, and **AGREE TO COMPLY** with the terms and conditions set forth in this agreement, and specific policies provided below:
  1. [Respectful Workplace and Anti-Discrimination Policy](#)
  2. [DTI Acceptable Use Policy](#)
  3. [Domestic Violence Policy](#)
  4. [Drug-Free Workplace Policy](#)
  5. [Executive Order 30](#)
  6. [Sexual Harassment Prevention Policy](#)
  7. [Workplace Violence Policy](#)
- I understand and agree to submit an Exit Survey, an evaluation of the State of Delaware's Internship Program, at the conclusion of the assignment.
- I understand that my signature below confirms that I acknowledge and accept all terms and conditions outlined in this program agreement.

**INTERN SIGNATURE**

Intern Signature	Date

**HIRING MANAGER**

- I understand and agree to orient the Intern to the Agency/Department's structure and operations.
- I understand and agree to orient the Intern to the Agency/Department's policies and procedures regarding appropriate dress, office hours, and applicable leave policies.
- I understand and agree to introduce the Intern to the appropriate professional and clerical staff, and ensure they are provided the necessary communication chain information.
- I understand and agree to provide the Intern with adequate resources necessary to necessary to accomplish job objectives.
- I understand and agree to meet with the Intern regularly to discuss progress throughout the duration of the program, and provide any and all necessary feedback.
- I agree to assign and supervise the completion of tasks and responsibilities that are consistent with the Interns's role in the Agency/Department. An official Job Description/ Job Summary will be provided in advance of the first day of the assignment.
- I agree to consult with the State Internship Program Coordinator in the event I become aware of personal, communication or other problems that may cause disruption with

the Intern's Program experience.

- I agree to submit any and all evaluations, and any required performance documentation.
- I understand that my signature below confirms that I acknowledge and accept all terms and conditions outlined in this program agreement.

**HIRING MANAGER SIGNATURE**

Hiring Manager Signature	Date

**PATHWAYS PROGRAM COORDINATOR**

- I have reviewed the Program Agreement and all sections are complete.
- I have reviewed the Program Agreement to ensure all required signatures are present.
- I have confirmed the Intern has **Agreed to Comply** with the above outlined policies.
- I have filed all documents for record keeping purposes.

**PROGRAM COORDINATOR SIGNATURE**

Program Coordinator Signature	Date