

Host Company Acceptance and Commitment Form

Please complete this printable form to confirm your acceptance of the intern and your commitment to the internship program guidelines.

1. Host Company Information

Company/Organization Name:	<input type="text"/>
Street Address:	<input type="text"/>
City, State, Zip Code:	<input type="text"/>
Supervisor / Contact Person:	<input type="text"/>
Job Title:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

2. Intern Placement Details

Intern Full Name:	<input type="text"/>
Internship Position/Title:	<input type="text"/>
Proposed Start Date:	<input type="text" value="MM/DD/YYYY"/>
Proposed End Date:	<input type="text" value="MM/DD/YYYY"/>
Hours per Week:	<input type="text"/>

3. Host Company Commitment & Agreement

By signing below, the Host Company agrees to the following terms and commitments:

- Provide a safe, structured, and professional working environment for the intern.
- Assign a designated supervisor to provide regular guidance, mentorship, and performance feedback.
- Offer tasks and projects that align with the intern's educational objectives and professional growth.
- Comply with all applicable federal, state, and local labor laws and safety regulations.
- Complete a final evaluation of the intern's performance at the conclusion of the internship.

4. Authorization and Signatures

I hereby certify that I am authorized to sign on behalf of the Host Company, and that the organization accepts the intern and commits to the terms outlined above.

Authorized Representative Name:	<input type="text"/>
Authorized Representative Title:	<input type="text"/>
Signature (Print Name to Sign):	<input type="text"/>
Date Signed:	<input type="text" value="MM/DD/YYYY"/>