

Host Company Agreement Form

Please complete this agreement form to formalize the internship/placement partnership. This document is intended for printing and physical signing.

1. Host Company Information

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

2. Intern / Student Information

Student Full Name:	<input type="text"/>
Internship Role / Title:	<input type="text"/>
Proposed Start Date:	<input type="text" value="MM/DD/YYYY"/>
Proposed End Date:	<input type="text" value="MM/DD/YYYY"/>
Expected Hours Per Week:	<input type="text"/>

3. Agreement Terms and Conditions

The Host Company agrees to provide the following to the intern/student:

- A safe, professional, and non-discriminatory work environment.
- Adequate supervision, mentoring, and feedback throughout the duration of the placement.
- Necessary equipment, materials, and workspace to perform designated tasks.
- Completion of a final evaluation form regarding the student's performance.

The Host Company agrees to comply with all local labor laws, safety standards, and institutional policies. Either party may terminate this agreement with written notice if terms are breached.

4. Authorization and Signatures

By signing below, all parties agree to the terms of this Host Company Agreement.

Host Company Representative:

Printed Name:	<input type="text"/>
Signature:	<input type="text" value="Sign on printed copy"/>
Date:	<input type="text" value="MM/DD/YYYY"/>

Student / Intern:

Printed Name:	<input type="text"/>
Signature:	<input type="text" value="Sign on printed copy"/>
Date:	<input type="text" value="MM/DD/YYYY"/>

Educational Institution Coordinator:

Printed Name:	<input type="text"/>
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Signature:

Date: