

City of Los Angeles
Department of Recreation and Parks

Volunteer Internship Learning Objective Agreement

The Student, Intern Supervisor with the City of Los Angeles, Department of Recreation and Parks and the Education/Academic Advisor agree, for the duration of the student's placement, to the responsibilities listed below. Upon signing the Learning Objective Agreement, you agree to assume the responsibilities listed as applicable to you.

I, _____, the Internship Student, agree to:

1. Perform to the best of my abilities those tasks assigned by my supervisor which are related to my objectives and the responsibilities of this position.
2. Follow all the rules, regulations, policies, procedures, and normal requirements of the employer organization.
3. Accomplish the learning objective agreement under the direction of a faculty sponsor, and consult with my faculty sponsor as needed for guidance and evaluation.
4. Notify the immediate Recreation and Parks' Supervisor and Academic Advisor of any changes I need to make in my agreement or any concerns that may arise during my placement.

I, _____, the Recreation and Parks' Supervisor, agree to:

1. Provide the necessary orientation, training, precautionary safety instruction, and supervision to ensure performance of the position duties and responsibilities listed on _____.
2. Complete weekly, monthly, or final evaluation of the student's performance during placement.

I, _____, the Education/Academic Advisor, agree to:

1. Maintain communication and liaison with the student, the employer, and any additional faculty involved.
2. Assist student, faculty, and Recreation and Parks' Supervisor in resolving any problems or difficulties which may arise.
3. Evaluate the student's placement and assess supervisor's satisfaction with the learning experience.

The position has been approved by the City of Los Angeles, Department of Recreation and Parks to further the education objectives of the above intern. I agree to the Learning Objective Agreement.

Signatures:

Student Name printed _____ Student Signature _____ Date _____

Advisor Name printed _____ Advisor Signature _____ Date _____

City Supervisor Name printed _____ City Supervisor's Signature _____ Date _____

INTERNSHIP PLACEMENT PERIOD: FROM _____ TO _____.