## Diocese of St. Petersburg Diaconate Formation Internship Program Internship Learning Agreement

Name of Intern:
Name of Formation Mentor:
Contact Information for Internship Supervisor:
Name:
Phone Number:
Fax Number:
Email: Contact Information for Internship Site (if different from above):
Address:
Phone Number:
Email:
THE INTERNSHIP SUPERVISOR AND THE INTERN AGREE AS FOLLOWS:
A. <u>Dates of Internship</u>
Start Date End Date:
B. <u>Objectives:</u> The intern and the internship supervisor set the following objectives for the internship period (adding more as needed).
1.
2.
3.
4.
C. <u>Supervision:</u> The intern and intern supervisor agree to meet for formal supervision at regularly scheduled times/locations.
Day of the Week:
FromUntil
Location:

D. <u>Specific Tasks</u> The supervisor and intern will be involved in the following <u>specific</u> tasks as part of his internship:

## <u>SPECIFIC TASKS</u> <u>DAY OF THE WEEK</u> <u>TIME OF DAY</u>

- E. <u>Completion of Learning Agreement:</u> After completing and signing this learning agreement, the intern will send a copy to <u>Diaconate@dosp.org</u>
- F. <u>Supervisor Evaluation</u>: To provide the formation team with timely supervisory input, please have your supervisor return the evaluation to the Office of the Diaconate. It should be returned to the office within one week of the completion of the internship. It can be emailed to the Office of the Diaconate, at <u>diaconate@dosp.org</u>. A meeting between the intern and supervisor to discuss the evaluation should precede its submission.
- G. Additional notations:

## THIS AGREEMENT IS MADE AND ACCEPTED BY:

Intern	Date:			
Supervisor:		Date:		
Formation Advisor (Mentor):			Date:	 _
Associate Director of Formation:			Date:	

Documents, along with the Supervisor & Intern Meeting Record form, will be forwarded by you to Office of the Diaconate, at diaconate@dosp.org.