



Internship Program Participation Agreement Form

This Internship Program Agreement, made effective upon the signing of both parties, by and between

Southeast Service Cooperative
210 Wood Lake Drive SE, Rochester, MN 55904

And

_____ (CCOGA Member Agency),

Address: _____ City, State, ZIP: _____

WHEREAS, Southeast Service Cooperative is interested in providing funding support for _____ (referred to as Member) a Region 10 Member, to host _____ as an Intern on temporary assignment; and

WHEREAS, Southeast Service Cooperative is a regional service cooperative created by Minnesota Statute 123A.21 to provide services to the geographic boundary known as Region 10 that would benefit from having the above-mentioned services for its Region 10 Members; and

WHEREAS, there are funds available for these services through the Minnesota Service Cooperatives; and

WHEREAS, _____ has a need for these services; and

NOW, THEREFORE, in consideration of mutual undertakings and agreements hereinafter set forth, the Service Cooperative and the Member agree as follows:

1. Term of Student Intern Agreement. This Student Intern Agreement shall begin on _____ and shall continue until terminated in accordance with this section. The Service Cooperative, Member, and the Intern all reserve and shall have the unconditional right to terminate and cancel this Student Intern Agreement at any time by providing written notice to the other party.

2. Educational Institution.

The Member confirms that the Intern understands, acknowledges and agrees that he/she must be enrolled in a post-secondary higher educational institution and complete a significant portion of the internship prior to graduation. The Student Intern further certifies that in the event the terms of the enrollment change that he/she will immediately notify the Member and that such change or failure to report such change may result in the termination of the contract. Intern is currently enrolled at

_____.

3. Internship Placement.

Intern shall be assigned to _____(department).

Name of Supervisor: _____
Description of internship activities and responsibilities:

The Member confirms that the Intern understands, acknowledges and agrees that he/she will not normally be requested or allowed to work more than _____ hours per week; however, he/she may work up to _____ hours per week.

Hourly wage:

Internship Start Date: _____ Internship End Date: _____

4. Reimbursement. It shall be the responsibility of the Member to properly track and report hours logged by the Intern. Upon successful completion of the Internship Program Report (Addendum A) by the Member and submission of the Internship Program Reflection (Addendum B) by the Intern, the Service Cooperative will reimburse up to 50% of the intern wage (maximum of \$6/hour) at 40 hours/week for the duration of the internship within a semester. Time and activity reports in the form of an invoice shall be submitted to Southeast Service Cooperative at the end of the Internship. Payment for services shall be made at the rate set forth above.

5. Data Practices. All data collected, created, received, maintained, or disseminated for any purposes by the activities of Intern because of this contract is governed by the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, as amended, the Minnesota Rules implementing such act now in force or as adopted, as well as federal regulations on data privacy.

6. Non-Employee. It is understood that Intern is not an agent or employee of the Service Cooperative and is therefore not eligible to lay claim to benefits from retirement, Social Security, PERA, State Unemployment Insurance, Workers Compensation, or to those benefits reserved for employees of the Service Cooperative.

7. Assignment. This Student Intern Agreement shall be binding and shall inure to the benefit of the parties hereto and shall not be assigned or transferred without written agreement by both parties.

8. Limitation of Liability. Except for the parties' obligations pursuant to Sections 3 and 4, neither party shall be liable to the other party for any special, consequential, punitive, incidental, or indirect damages or any damages for lost data, business interruption, lost profits, lost revenue or lost business, arising out of or in connection with this Agreement, however caused and based on any theory of liability, arising out of this Agreement, whether or not such party has been advised of the possibility of such damage, and notwithstanding any failure of essential purpose of any limited remedy.

9. Indemnification. Each party agrees to defend, indemnify and hold the other harmless from any and all claims and demands of members, which may result from the negligence of the other in connection with their duties and responsibilities under this Agreement, unless such action is a result of intentional wrongdoing of the other party. Each party agrees that it will be responsible for its own acts and the result thereof to the extent authorized by law and shall not be responsible for the acts of the other party and the results thereof. The Service Cooperative's liability shall be governed by the provisions of the Minnesota Tort Claims Act, Minnesota Statutes, Section §3.736, and other applicable law.

IN WITNESS WHEREOF, the parties have executed this Agreement effective the day and year executed below.

Southeast Service Cooperative

Authorized Signature

Steve Sallee, Executive Director

Date

Authorized Signature

Date

Addendum A



Southeast
Service
Cooperative

Internship Program Report

Please complete this form and submit invoice to: Kirsten
Kuehl, Organizational Manager at kkuehl@ssc.coop
or mail to Southeast Service Cooperative, 210 Wood Lake Drive SE, Rochester, MN 55904

Agency Name: _____

Address: _____ City, State, ZIP: _____

Authorized Agency Representative

Name: _____ Title: _____

Telephone: _____ Email: _____

Name of Intern: _____ Assigned to: _____ (department)

Internship Start Date: _____ Internship End Date: _____

Total Hours worked during internship: _____

Hourly wage: \$ _____

Internship highlights and achievements:

Please provide feedback on the Internship Program:

Agency Signature: _____ Date: _____

Addendum B



Internship Program Reflection

Please complete this form and return to:
Kirsten Kuehl, Organizational Manager at kkuehl@ssc.coop
or mail to Southeast Service Cooperative, 210 Wood Lake Drive SE, Rochester, MN 55904

Intern Name: _____

Address: _____ City, State, ZIP: _____

Telephone: _____ Email: _____

Internship Location

Agency Name: _____ Supervisor: _____

Telephone: _____ Email: _____

Address: _____ City, State, ZIP: _____

Please describe your duties and responsibilities at an intern:

Please share highlights and achievements from your internship:

What challenges did you experience in your internship?

What ideas or recommendations would you suggest for future internships at this agency?

What did you learn about your strengths, talents, and skills over the course of this internship?

Following your internship, how interested are you in a career in local government agencies or non-profits?

Intern Signature: _____ Date: _____