**Voluntary Work Agreement**

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| **DYCD Contractor:** |  |
| **Registration****ID #:** |  | **Participant Name:** |  |
| **Worksite Name:** |  |
| **Worksite Address:** |  |

This agreement is hereby entered into between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of Worksite) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of participant), as follows:

The Work Site hereby accepts the Participant as a **volunteer** for the period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_from the hours of \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ for a total of \_\_\_\_\_\_\_\_\_ hours per day, and \_\_\_\_\_\_\_\_\_hours per week, as these days and hours to be worked are in excess of the participant's paid employment with the **Department of Youth and Community Development (DYCD) Learn & Earn Summer Internship Program.**

**My signature below indicates that I have read and understood this Agreement, and that I am in full agreement.**

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| **Participant Name:** |  | **Signature:** |  | **Date:** |  |
| **Parent/Guardian Name:** |  | **Signature:** |  | **Date:** |  |
| **Worksite Representative Name:** |  | **Signature:** |  | **Date:** |  |
| **DYCD Contractor Representative Name:** |  | **Signature:** |  | **Date:** |  |