

**Global Poverty and Practice Minor Practice Agreement**

Student Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Organization/Project General Information**

Organization Name: \_\_\_\_\_

Direct Site Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Practice Location (City and Country): \_\_\_\_\_

**Commitment**

Anticipated Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Total Number of Hours: \_\_\_\_\_

Organization financial support (if any): \_\_\_\_\_ Program Fee (if any): \_\_\_\_\_

**Provide a brief description of the organization/project:**

**Detail your understanding of what your roles and responsibilities will be during your practice experience:**

**What will a typical week will involve? Describe where you will be based each day (in an office, or details of where else), and for how much time (e.g. mornings versus afternoons, 5-7 days/week):**

**Dear Direct Site Supervisors,**

Thank you for agreeing to work with our student. We require our students to undertake at least 240 hours of work with an organization such as yours. Please take a moment to read over the description of activities the student has detailed, as well as the statement below (which we ask you to sign), sharing further comments if you would like.

*I understand and agree to regularly communicate with and directly supervise the student to the best of my ability, to help ensure that s/he has as coherent an experience as possible with my organization. I will provide health and safety information to the student upon her/his arrival (if available) and will serve as a resource should an emergency or crisis occur.*

Further comments:

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Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student, please complete:**

*I understand the tasks and roles allotted to me, and agree to complete the practice experience to the best of my ability, barring extenuating circumstances. I give the site or the University permission to release information to my emergency contact when appropriate.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_