

Voluntary Work Agreement

DYCD Contractor:		
Application ID #:	Participant Name:	
Worksite Name:		
Worksite Address:		
This agreement is hereby ent	ered into between	(name of Worksite)
and	(name of participant), a	as follows:
	ots the Participant as a volunteer for the the hours of to for a	
	as these days and hours to be worked ar	
employment with the Depar	tment of Youth and Community Develop	nent (DYCD) Train & Earn Internship
Program.		
My signature below indicates agreement.	s that I have read and understood this Agre	ement, and that I am in full
Participant Name:	Signature:	Date:
Parent/Guardian Name:	Signature:	Date:
Worksite		
Representative Name:	Signature:	Date:
DYCD Contractor Representative Name:	Signature:	Date:
Program Year		

The Department of Youth & Community Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.