



This contract between the **HISPANIC THEOLOGICAL INITIATIVE (HTI)** and \_\_\_\_\_ (supervisor) regarding the internship at \_\_\_\_\_ (insternship site), is intended to establish parameters of supervision, assist in intern’s professional development, and provide clarity on supervisor responsibilities including the responsibility of the supervisor to not ask intern to work beyond agreed-upon hours.

**SUPERVISOR’S NAME:** \_\_\_\_\_

**SUPERVISOR’S INSTITUTION:** \_\_\_\_\_

**SUPERVISOR’S POSITION:** \_\_\_\_\_

**INTERN’S NAME:** \_\_\_\_\_

**NAME OF INTERNSHIP POSITION:** \_\_\_\_\_

**SUPERVISOR’S RESPONSIBILITIES TO THE INTERN:**

- *Helping the intern set goals and deadlines in ways that comply with the institution’s vision and objective;*
- *Ensuring that the intern understand her/his/their duties or delegated tasks*
- *Monitoring the intern’s performance and providing regular constructive feedback and coaching;*
- *Providing clear, direct, and effective communication regarding expectations of the intern;*
- *Not expecting the intern to work above the maximum number of hours;*
- *Complete and submit [supervisor's billing report](#) approving intern's invoice and giving feedback on internship.*

**TIME PERIOD AND COMPENSATION OF SUPERVISION:**

This supervision is to be completed between the months of \_\_\_\_\_ and \_\_\_\_\_. The supervisor will receive a stipend for her/his/their work supervising intern’s work at internship site in the amount of **\$3,000.00** after complete final evaluation is submitted.

Throughout this period, the supervisor will have a weekly Zoom meeting with intern to check-in and discuss the learnings and experiences acquired. Upon completion of the internship, supervisor is required to [complete a final evaluation.](#)

**TERMINATION OF ASSIGNMENT:**

The internship program is a cooperative effort between HTI and the internship site, which is providing the supervisor. The reasons deemed sufficient for termination of this collaborative internship include but are not limited to the following:

1. Mutual consent and agreement for termination by the intern and supervisor for reasons of illness, emergency, or other unforeseen extenuating circumstances .
2. Failure on the part of the intern to abide by the policies of internship site.
3. Failure on the part of the intern to establish and maintain a satisfactory performance level in her/his/their professional role.
4. Failure on the part of the instenship site and/or supervisor to complete their supervisory role for reasons of illness, emergency, or other unforeseen extenuating circumstances.

**TERM OF THE AGREEMENT:**

The supervisor will perform her/his/their supervisory responsibilities for the duration of internship as stipulated in internship agreement.

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HTI EXECUTIVE DIRECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Rev. Joanne Rodríguez