



Farm Internship Agreement

For Internal Use Only

For Internal Use Only		
Certificate #	Certificate Approved Date	Review Date/Initials
Name of Farm/Owner:		Date of Agreement:
Intern's full name (Last, First, Middle Name, Suffix) (please print or type)		
Intern's Mailing Address		
City:	State:	Zip:
County:	Phone:	Cell Phone:
Date of Birth: / /	Email:	
Describe the internship training program, including the skills and objectives this program is designed to teach and how they will be taught (Attach additional pages, if necessary):		
Describe the responsibilities, expectations, and obligations of the intern and the farm: (Attach additional pages, if necessary)		
Describe the activities of the farm and the type of work to be performed by the farm intern: (Attach additional pages, if necessary)		
Term of internship (hours, days or months):	Wages, room and board, stipends, and other compensation:	
Date internship begins:	Average number of hours the intern will work: / per week	
FARM INTERN I agree to the terms outlined in this document. I understand that as an intern I am not entitled to minimum wage for work and activities performed under this agreement.	FARM OWNER As the owner/representative of _____ I hereby agree and understand the following: <ul style="list-style-type: none"> • The requirements of the Industrial Welfare Act, chapter 49.12 RCW, and how it applies to farm interns; • The farm must pay workers' compensation premiums for intern work hours in the applicable risk class; and • The farm's internship certificate will be revoked if the farm violates the Industrial Welfare Act or fails to pay workers' compensation premiums for non-intern work hours. 	
(Farm Intern - legal signature)	(Farm owner or designated representative)	
(Printed name of farm intern)	(Printed name of authorized signature)	
(Date signed)	(Date signed)	