



Employment Standards Phone: 509-886-6580
519 Grant Rd. Phone: 800-292-5920
East Wenatchee WA 98802 Fax: 509-886-6510

For Internal Use Only			
Certificate Number:	Certificate Approved Date:	Review Date	Initials

Name of Farm/Owner		Date of Agreement
Intern's Full Name (Last, First, Middle Initial, Suffix)		
Intern's Mailing Address		
City	State	Zip Code
County	Phone Number	Cell Phone Number
Date of Birth (mm/dd/yyyy)	Email Address	

Describe the internship training program, including skills and objectives this program is designed to teach and how they will 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

<p>Farm Intern I agree to the term 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.</p>	<p>Farm Owner As the owner/representative of _____</p> <p>I hereby agree and understand the following.</p> <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.
Print Name of Farm Intern	Print Name of Farm Owner or Designated Representative
Signature of Farm Intern	Signature of Farm Owner or Designated Representative
Date Signed	Date Signed