

**Request for Approval of  
 Student Teacher/Intern/Volunteer**

**Part I** – to be filed with the OCM BOCES Supervisor or Director

Requestor’s Name (Supervisor/Director): \_\_\_\_\_

Work Location: \_\_\_\_\_

Nature of Request:     Student Teacher \_\_\_\_\_ Intern \_\_\_\_\_ Volunteer \_\_\_\_\_

Name of Supervising Teacher: \_\_\_\_\_  
 (For student teachers and interns only)

Time period for which person is requested: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Program area to which person is to be assigned: \_\_\_\_\_

**Budget Code:** \_\_\_\_\_

**Part II** – Recommendation of OCM BOCES Supervisor/Director: I hereby recommend the following individual to serve as:

Student Teacher \_\_\_\_\_ Intern \_\_\_\_\_ Volunteer \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Social Security#:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
 (REQUIRED FOR FINGERPRINTING CLEARANCE PURPOSES)

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

Name and address of College or University: (For student teachers and interns only)

Contact Name: \_\_\_\_\_

College/University: \_\_\_\_\_

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

\_\_\_\_\_  
 Supervisor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Program Administrator \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Assistant Superintendent \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Deputy Superintendent \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Director of Human Resources/School Attorney \_\_\_\_\_ Date \_\_\_\_\_

Request is to be submitted to the Personnel Department

**Note: This approval is to be included as a Board of Education informational item on a board agenda.**

# Student Teacher/Intern/Volunteer Agreement

## AGREEMENT

This AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Between the Board of Education (hereinafter referred to as the first party)

and \_\_\_\_\_ (hereinafter referred to as the second party), to wit:  
*please print name*

In consideration of the services to be performed by the second party, the first party agrees to furnish the second party with coverage under the applicable provisions of the Workmen’s Compensation Law and the second party agrees to accept such coverage for injury, illness or disability arising out of the course of his/her employment.

\_\_\_\_\_  
*Signature of Student Teacher/Intern/Volunteer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness/Responsible Administrator*

\_\_\_\_\_  
*Date*

Original of Agreement is to be submitted to the Personnel Department. Copy of Agreement is to be given to Volunteer, Student Teacher, or Intern.