

**“PUBLIC HEALTH PROGRAMS & LONG TERM CARE” TRAINEE AGREEMENT**

**I. CONTRACT PARTNERS:**

**A. Trainee:**

First Name: _____	School: _____
Last Name: _____	Major: _____
Address: _____	Grad. Date: _____
City: _____ State: ____ Zip Code: _____	Driver’s License: _____
Phone: _____	Preliminary Dates: From: _____ To: _____
Email: _____	Training Dates: From: _____ To: _____

**B. Organization:**

<b>16 Things Kids Can Do, Inc.</b> 20 East Broadway, 4th FL New York NY 10002	Mr. Lyle Benjamin Mentor/Trainer Phone: 212-213-0257 Cell: 917-683-2625 Web: 16ThingsKidsCanDo.org Email: Support@16ThingsKidsCanDo.org	Associate Organization(s): Planned Acts of Kindness Entrepreneurs Small Business Network The Working Dead One Planet - One People 16 Things Press
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**II. TERMS:**

This agreement describes and establishes the learning and service objectives and activities of the Trainee, and sets out the responsibilities of the Trainee, and the Organization.

The Trainee is required to work at least \_\_\_\_\_ hours per week at the sponsoring agency over the course of approximately \_\_\_\_\_ weeks, for a minimum total of \_\_\_\_\_ hours of work. He or she is expected to do substantive work that is related to the mission of the organization, and that has a significant commercial and business component to it. In addition to specifying the nature of these activities in advance, the Organization is required to designate a person who will supervise the Trainee for the duration of the Trainee.

**III. NATURE OF THE TRAINING AND RESPONSIBILITIES:**

This section should be completed by the Trainee and the Mentor/Trainer:

**A. Statement of Purpose:**

The Trainee hopes to gain the following from this Program:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**B. Learning Objectives:**

The specific goals toward which the Trainee’s efforts are directed are as follows:

1. Trainee will learn first hand about the steps involved in the implementation of health and/or public policy programs.
2. Trainee will learn first hand how to work toward to positively affecting individuals, families and larger communities.
3. Trainee will learn first hand how to hone their business and communication skills as they relate to their overall objectives.

**C. Trainee’s Activities:**

The specific activities of the Trainee and the means by which goals/objectives will be met:

1. Researching, understanding, evaluating, planning, implementing Health & Wellness Programs.
2. Organizing and managing Health seminars, groups and workshops.
3. Contact established Health Care Experts in order to form working relationships.
4. Establish Goal-Oriented Affiliation with Orgs, Agencies & Companies.
5. Updating & Building Social Networks with Health Care Practitioners, Writers and Companies.

**D. Expectaions by Org:**

The specific activities of the Trainee and the means by which goals/objectives will be met:

- Trainee Agrees:
1. To treat their duties, the organization and its associates with professionalism and respect, and at all times, strive to maintain those standards.
  2. To follow all company procedures and policies.
  3. To create a job log that details their work and accomplishments.
  4. To ask questions and put forth ideas, whenever possible, that will further the objectives and goals of the organization.

**E. Trainee’s Proposed Schedule:**

1. Weekly Training schedule:

Monday:	<input type="checkbox"/> Yes	<input type="checkbox"/> O	<input type="checkbox"/> R	Hours: <input type="text"/>	O = Office
Tuesday:	<input type="checkbox"/> Yes	<input type="checkbox"/> O	<input type="checkbox"/> R	Hours: <input type="text"/>	R = Remote Location
Wednesday:	<input type="checkbox"/> Yes	<input type="checkbox"/> O	<input type="checkbox"/> R	Hours: <input type="text"/>	
Thursday:	<input type="checkbox"/> Yes	<input type="checkbox"/> O	<input type="checkbox"/> R	Hours: <input type="text"/>	
Friday:	<input type="checkbox"/> Yes	<input type="checkbox"/> O	<input type="checkbox"/> R	Hours: <input type="text"/>	
Saturday:	<input type="checkbox"/> Yes		<input type="checkbox"/> R	Hours: <input type="text"/>	2. Total hours per week: _____
Sunday:	<input type="checkbox"/> Yes		<input type="checkbox"/> R	Hours: <input type="text"/>	3. Total number of weeks: _____

**F. Supervision by 16 Things Kids Can Do:**

1. The Mentor/Supervisor will meet/talk with the Trainee to review work, explain projects, etc., according to the following schedule: Up to three times per week for full-time Trainees.
2. The Mentor/Trainer agrees to complete an evaluation sheet for the Trainee with ten days of the completion of said program.

**IV. EVALUATION OF TRAINEE:**

The student will complete and present to their Mentor/Trainer a self-evaluation and a company evaluation by five days prior to the end of said Training Program.

_____ Signature of Trainee	_____ Date
_____ Mentor/Trainer Signature	_____ Date

**STATEMENTS OF AGREEMENT & RELEASE:**

As consideration for participating in the “16 Things Kids Can Do,” Training/Work Experience program, I, \_\_\_\_\_, (trainee) I understand that I am receiving over ten thousand of dollars in training from participating in said program, and as such, I understand that no academic credit or financial recompense will be awarded unless expressly agreed to in writing by “16 Things Kids Can Do” and its Executive Director, Lyle Benjamin, and Trainee is prohibited from engaging in any cause of action against said organization, principals, affiliates, associations, partners, etc. relating to said matter.

I acknowledge that my participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and for any damage to property that may be sustained by me as a result of participation in the Training Program. I hereby release, hold harmless and forever discharge 16 Things Kids Can Do, Inc.

“16 Things Kids Can Do,” Planned Acts of Kindness, Entrepreneurs Small Business Network, The Working Dead, One Planet - One People, 16 Things Press, business models, company websites, directory, materials, contents, format, designs, scripts and practies are the sole intellectual property of Lyle Benjamin, and as such, you understand that you are prohibited from creating, associating, partnering or benefiting from another competing production without the written consent of Lyle Benjamin. Upon your termination from said relationship this non-competition clause shall remain in effect for a period of not less than three months.

All materials created, designed, produced, written, or obtained by you for or on behalf of said companies and/or organizations during the course of your Training are the exclusive and sole property of Lyle Benjamin and said companies, and must be returned if requested.

I acknowledge that I have read and that I understand this document. I understand and agree that this release and agreement is binding on myself, my heirs, my assigns, and personal representatives. I acknowledge that I am 18 years old or more.

This, the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

_____ Signature of Trainee	_____ Date
_____ Witnessed	_____ Date