



Appendix A - Memorandum of Understanding for Shared Value Internship Program

Please complete this form and have it signed by a mentor who will work with you in your community or organization and by a representative of your First Nation, Métis or Inuit community or other Indigenous organization who has signing authority.

This form must be submitted by fax or scanned and sent by email as part of your application for the Shared Value Internship Program.

Declaration of interest (to be completed by you)

I, _____ (please print your full name), would like to submit my application to the 2017 Shared Value Internship Program and would commit to completion of the full 8-month internship program to the best of my abilities.

_____ (your signature)

_____ (date)

Declaration from Your Host Community Mentor (to be completed by the person who would oversee your internship)

I, _____ (please print Mentor's full name), agree to act as a "Mentor" and oversee the internship of _____ (candidate's name) for the duration of the 2017 Shared Value Internship Program should they be selected. This will include:

1. An initial call with SVS before the internship is confirmed to discuss the objectives
2. Communicating by phone and email with the intern for the first 5 months of the work term while they are in Guelph
3. Supervising the intern in their job in the community for the second 3 months of the internship

_____ (Mentor's phone number)

_____ (Mentor's email)

_____ (Mentor's signature)

_____ (date)

Additional comments from the Host Community Mentor on why the candidate should be selected for the Shared Value Internship Program and how you think the internship would help your community/organization:

1. Why should the candidate be selected for the internship?

2. How would you like this intern to help your community / organization?



Host Community / Organization Contact Information

Name of the First Nation, Métis, or Inuit Host Community or Indigenous Organization:	Address:
Phone number:	Fax number:

Declaration from a Signing Authority for your Host First Nation, Métis, Inuit Community or Indigenous Organization

I, _____ (please print signing authority's full name), understand and endorse the application being submitted by _____ (candidate's name) for the 2017 Shared Value Internship Program.

I understand that if the intern is chosen for this program that they would work from Shared Value Solutions' Guelph, Ontario, Canada office for the first 5 months and will work within our community / representative organization (listed above) for the second 3 months. I understand that the intern's salary for this 8-month period would be paid for by SVS.

Our community / representative organization would agree to provide oversight and workplace experience for the intern for the second half of the internship program (3 months) within the Lands and Resources department, Economic Development department, Consultation department, or similar.

_____ (signing authority's signature)

_____ (date)