

**Coast Guard Nonpay Compensation Program
Payment-In-Kind Internship Program
Agreement**

I desire to provide in kind my services to _____ as a Coast Guard Nonpay Compensation Program Payment-In-Kind Intern on

(name of CG unit)

(describe anticipated hours/day(s) of week at unit)

I expressly agree that my services are being provided as a Coast Guard Nonpay Compensation Program Payment-In-Kind Intern and that I am not an employee of the United States Government or any instrumentalities thereof except for certain purposes relating to compensation for injuries occurring during the performance of approved payment-in-kind services and liability for tort claims as specified in 10 U.S.C. § 1588(d)(2). I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefit for these Payment-In-Kind services. I agree to be bound by the laws and regulations applicable to payment-in-kind service providers, and agree to participate in any training required by the organization to which I am working, to enable me to perform the Payment-In-Kind services that I am offering.

I have been provided a copy of the Affiliation Agreement between _____ and the
Coast Guard, and agree to adhere to all provisions.

(name of school)

(typed or printed name and signature of Payment-In-Kind Intern)

(date)

Contact Information:

(address and phone numbers)

(typed or printed name and signature of accepting official: local command)

(date)

For agency use only: Provide general description of the Payment-In-Kind services to be provided by the intern student:

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 9397, 10 U.S.C. § 1588

PRINCIPAL PURPOSE: To document participation in the Coast Guard Nonpay Compensation Program Internship Program.

ROUTINE USES: None.

DISCLOSURE IS VOLUNTARY. However, failure to provide the information requested could result in the Coast Guard's inability to place a potential student in the Coast Guard Nonpay Compensation Program Internship Program.



United States Coast Guard MWR

Taking Care of Those Who Protect and Defend

Coast Guard Morale, Well-Being, and Recreation Intern Mid-Term Evaluation

Intern Name: _____ Dates of Internship: _____

Supervisor's Name: _____

Program Area: _____

Installation: _____

Use the following scale to rate the intern student. (Please circle your response).

Qualities	Unsatisfactory	Poor	Fair	Good	Excellent
General knowledge	1	2	3	4	5
Planning and organizing	1	2	3	4	5
General attitude	1	2	3	4	5
Responsibility	1	2	3	4	5
Dependability	1	2	3	4	5
Initiative	1	2	3	4	5
Appearance	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Conversation ability	1	2	3	4	5
Writing ability	1	2	3	4	5
Leadership	1	2	3	4	5
Public Relations	1	2	3	4	5
Creativeness	1	2	3	4	5
Innovativeness	1	2	3	4	5
Overall Rating	1	2	3	4	5

Would you recommend this person for a position in MWR? Yes No

Comment on the Intern's accomplishments to date:

(Original for Student)

Please Mail or Fax To:
 U.S. Coast Guard MWR
 Attn: Robert Davis
 510 Independence Parkway, Suite 500
 Chesapeake, VA 23320

Fax: (757) 420-0569



United States Coast Guard MWR

Taking Care of Those Who Protect and Defend

Coast Guard Morale, Well-Being, and Recreation Intern Final Evaluation

Intern Name: _____ Dates of Internship: _____

Supervisor's Name: _____

Program Area: _____

Installation: _____

Use the following scale to rate the intern student. (Please circle your response).

Qualities	Unsatisfactory	Poor	Fair	Good	Excellent
General knowledge	1	2	3	4	5
Planning and organizing	1	2	3	4	5
General attitude	1	2	3	4	5
Responsibility	1	2	3	4	5
Dependability	1	2	3	4	5
Initiative	1	2	3	4	5
Appearance	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Conversation ability	1	2	3	4	5
Writing ability	1	2	3	4	5
Leadership	1	2	3	4	5
Public Relations	1	2	3	4	5
Creativeness	1	2	3	4	5
Innovativeness	1	2	3	4	5
Overall Rating	1	2	3	4	5

Would you recommend this person for a position in MWR? Yes No

Comment on the Intern's accomplishments during the internship:

(Original for Student)

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 Chesapeake, VA 23320

Fax: (757) 420-0569