

## Trainee (Unpaid Intern) Questionnaire

Name of Internship: \_\_\_\_\_

Name of Prospective Intern/Trainee: \_\_\_\_\_

Is the Prospective Intern/Trainee a Minor? \_\_\_\_\_ Yes \_\_\_\_\_ No

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A. What is the expected duration of the internship?

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Expected Hours Per Week: \_\_\_\_\_

Location of Internship: \_\_\_\_\_ On-Site \_\_\_\_\_ Hybrid \_\_\_\_\_ Remote

B. Provide a brief summary of the internship activities to be performed:

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C. Please answer Yes or No to the following questions, and answer additional questions based on your responses:

1. Does the individual understand that they are not entitled to wages?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please document the basis of this understanding (conversation, written communication) and attach any applicable documentation to this form.

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2. Is the internship designed to provide the individual with training that would be similar to that which would be given in an education environment, including but not limited to clinical training, hands-on training, or practical career experience in furtherance of individual's education?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe the nature and duration of the training, including who will offer the training, and describe how the clinical training, hands-on training, or practical career experience will further the individual's education.

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3. Is the internship academically oriented for the benefit of the individual?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe how it is academically orientated and the learning objectives of the internship. Additionally, be sure to describe whether the internship: accommodates the individual's academic commitments (by, for example, corresponding to the academic calendar), is tied to the individual's formal education program by integrated coursework, and/or provides an opportunity to observe the practical application of classroom instruction.

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4. Will the individual receive academic credit?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe the academic credit and note the institution of learning and any school contact person.

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5. Is the expected duration of the internship, as specified above in Section A, limited to the period in which the internship provides the individual with beneficial learning?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain how the duration is limited to the period in which the internship provides the individual with beneficial learning.

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6. Are the activities to be performed by this individual currently being performed by a Harvard employee?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please identify the Harvard employees performing those services.

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7. Will the activities to be performed by this individual displace (rather than complement) the work of paid employees?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain.

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8. Does the individual understand that they are not entitled to a job at the end of the internship?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please document the basis of this understanding (conversation, written communication) and attach any applicable documentation to this form.

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9. Will the individual receive close supervision?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe the nature of the supervision and who will provide it.

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10. Will the supervision of this individual, on occasion, take the supervisor's time away from the performance of productive work or otherwise hinder the department's usual operations?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe the expected amount of time that will be taken away from productive work in order to supervise this individual, and other hindrances to the department's usual operations.

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11. Will Harvard receive any immediate benefits from this individual's activities?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe the benefits to Harvard, including any productive work expected to be performed by the individual.

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**D. After the questionnaire is complete, please sign and date the form:**

Completed By: \_\_\_\_\_

Signature: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

To return the form to SEAS Human Resources or if you have any questions, please email Rowen Gray at [rgray@seas.harvard.edu](mailto:rgray@seas.harvard.edu). Please note that if the prospective intern is a minor, you may be required to complete additional steps required by Harvard's Youth Protection Program.

**For HR Use Only:**

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Date Received: \_\_\_\_\_

Approve By: \_\_\_\_\_

Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Comments (*if applicable*):