



**CHARITABLE INTERNSHIP PROGRAM
COMPENSATION WORKSHEET**

This form is used to determine what compensation you are able to receive as an independent contractor for your work with the Charitable Internship Program. Any activities, related goods or services that are paid for in order to carry out your charitable activities assignment may be reimbursed separately if receipts or invoices are sent in to the Joy to the World Foundation offices.

Name: _____

SSN# _____

CAP ID#: _____

Compensation Criteria:	\$/hr
A. Charitable Associates Base Pay \$10/hr	\$ _____
B. Adjustments	
1. Ordained, Licensed, or Commissioned (add \$1.00)	\$ _____
2. Advanced Degree or Special Training (add \$2.50)	\$ _____
3. Charitable Position: Leader/Teacher/Director (\$1.50)	\$ _____
4. Charitable Experience	
a. Full-Time Experience _____ Years (add \$.66 per year)	\$ _____
b. Part-Time Experience _____ Years (add \$.33 per year)	\$ _____
5. Region: Where activities are being performed	\$ _____
6. Benefits: If you pay you own insurance and/or medical coverage enter \$3.84, otherwise enter 0	\$ _____
Total of Compensation Criteria	\$ _____
	Maximum \$30.00/hr

Signatures

Charitable Associate

Date

Approval Signature

Date