



Enter Month, XX, XXXX

Enter Full Name

Enter Address

Enter City, State, and Zip Code

Dear, [Ms./Mr. Surname]:

Pursuant to discussions about your relationship with Oracles of Truth dba Oracles of Truth Academy, a California nonprofit corporation (“OTA Org” or “we”) we desire to submit this letter of intent (“LOI”) regarding the proposed terms of future full-time employment with [Enter External Employer Name Here] the external employer partner.

1. The principal terms and conditions of your relationship are as follows:

**Contingent Worker Trainee:** A person onboarded to the Whole Person Care Work-study Program to learn and acquire the knowledge, skills, and abilities through training to perform a job for an employer and often referred to as an intern, extern, trainee, freelancer, independent contractor, consultant, or other outsourced, non-permanent, non-salaried or temporary worker. He or she may work on site, remotely, or both.

**Part-time Status:** As defined in the CWT Work-study Offer Letter and CWT Handbook issued to you, the work-study experience with OTA Org and designated employer ([Enter External Employer Name Here]) shall be part-time until after successful completion of all required onboarding and training, WPC planning, coordinated services, orientation, job readiness, and job shadowing experiences. CWT is expected to complete all required training during the 180-day probationary period. If all training is not completed during this period, then provisions shall be made to allow for additional time to successfully complete at the discretion of OTA Org and [Enter External Employer Name Here].

**Stipend:** Your stipend rate shall be \$13.00 per hour. Your CWT status is at-will as an independent subcontractor during the term of the apprenticeship training. You shall not be eligible for full-time employment and benefits until after successful completion of your probationary period and consistent with the length of all required apprenticeship training (e.g., onboarding, job readiness, job shadowing, etc.) You are required to adhere to OTA Org’s Billing Policy and complete a monthly Work Schedule, Daily Work Activity Logs, Timesheets, and Invoice, to receive a monthly stipend. You shall also be required to complete a W9 Form and are responsible to pay your own taxes at the end of the year. No taxes for federal or state deductions including unemployment insurance shall be withheld from your check while you are a CW Trainee. We shall issue a 1099 Form to you for all earnings received in a calendar year.

2. Upon your acceptance of this LOI, the parties agree that this LOI serves as a definitive Non-Employment Agreement and parties shall negotiate any additional terms and conditions for full-time employment in good faith.

3. Upon the termination of this LOI and your failure to enter into a full-time Employment Agreement with OTA Org, you agree (i) not to operate or form through another entity, any business similar to the business of OTA Org which consists of Business Philanthropy, Whole Person Care, Educational Technologies, Instructional Design Consulting (“Business”); (ii) not use any of OTA Org’s proprietary information or Business trade secrets to benefit any person or other entities, or for any purpose; and (iii) not to disclose such proprietary information of the Business to any third party except to carry out the specific purposes of OTA Org business.

4. This LOI will terminate as follows:

(a) This LOI will automatically terminate if the Full-time Employment Agreement is not executed by [Month, XX, XXXX] (unless extended by mutual agreement of the parties).

(b) This LOI may be terminated at any time by (i) OTA Org or (ii) you if either party determines it does not wish to enter a full-time employment relationship with the other.

(c) This LOI may be terminated at any time by mutual agreement of both OTA Org and you.

(d) This LOI shall in all events terminate and be superseded upon the execution of a Full-time Employment Agreement and each party will be released from any obligation to the other expressed in this LOI.

(e) The provisions of Paragraph 3 above shall survive the termination of this LOI for any reason except pursuant to Subparagraph 6(d) above.

If you agree with the terms described above, please sign the enclosed copy of this Letter of Intent and return it to the Executive Director.

Sincerely,



Dr. Tammé Shinshuri  
Executive Director

CONTINGENT WORKER TRAINEE

\_\_\_\_\_

[CWT Full Name]

\_\_\_\_\_

Date