

California State University, Stanislaus  
**STUDENT INTERNSHIP AGREEMENT**

**Section I: Student Information**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Section II: Internship Site Information**

Agency: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Internship Period (check one): \_\_\_\_fall \_\_\_\_spring \_\_\_\_summer Year \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Salary \$ \_\_\_\_\_ per hour Non-paid: \_\_\_\_\_

The Site Supervisor agrees to 1) guide this student's work and to submit a final evaluation of the student's achievement upon request, and 2) discuss any concerns about the student's performance with him/her directly, and with the faculty member if necessary.

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**Student Internship Position Description**

Attach a position description to this signed Student Internship Agreement.

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**Section III: Course Information**

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Academic Credit Unit Value: \_\_\_\_\_ Faculty Name: \_\_\_\_\_

**Learning Objectives**

What do you hope to learn from this internship experience about the agency, about the challenges and assets of the population with whom you will be working, about yourself, about your community, and how does this connect to your course work?

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**Applied Learning Objectives**

Identify and describe the nature of the activities in which you will be engaged. The objectives should be designed to assist you work towards your learning objectives.

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*I have reviewed and approve the Student Internship Agreement set forth above.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Participation Guidelines**

I will devote \_\_\_\_\_ hours per week towards completion of the objectives listed in my internship agreement for a total of \_\_\_\_\_ hours, effective beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ (“internship”). I agree to complete any paperwork and orientations required by my professor or site supervisor as part of this internship activity.

1. I understand and acknowledge that there are potential risks associated with this internship, some of which may arise from
  - a. my assigned tasks and responsibilities,
  - b. the location of the internship,
  - c. the physical characteristics of the Internship Site
  - d. the amount and type of criminal activity or hazardous materials at or near the location of the internship,
  - e. any travel associated with the internship,
  - f. the time of day when I will be present at the Internship Site,
  - g. the criminal, mental and social backgrounds of the individuals I will be working with observing, and
  - h. the amount of supervision I will receive.

I further understand and acknowledge that my safety and well-being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage.

2. Being aware of the risks inherent in this internship, I nonetheless voluntarily choose to participate in this internship. I understand that I may stop participating if I believe the risks become too great.
3. While participating in this internship, I **will**
  - a. exhibit professional, ethical and appropriate behavior;
  - b. abide by the Internship Site’s rules and standards of conduct, including wearing any required personal protective equipment;
  - c. participate in all required training;
  - d. complete all assigned tasks and responsibilities in a timely and efficient manner;
  - e. request assistance if I am unsure how to respond to a difficult or uncomfortable situation;
  - f. be punctual and notify the Internship Site if I believe I will be late or absent; and
  - g. respect the privacy of the Internship Site’s clients.
4. While participating in this internship, I **will not**
  - a. report to the Internship Site under the influence of drugs or alcohol;
  - b. give or loan money or other personal belongings to a client;
  - c. make promises to a client I cannot keep;
  - d. give a client or representative a ride in my personal vehicle;
  - e. engage in behavior that might be perceived as harassment of a client or Internship Site representative;

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- f. engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, mental capacity, or ethnicity; engage in any type of business with clients during the term of my placement;
  - g. disclose without permission the Internship Site's proprietary information, records or confidential information concerning its clients; or
  - h. enter into personal relationships with a client or Internship Site representative during the term of my placement. I understand that the Internship Site may dismiss me if I engage in any of these behaviors.
5. I agree to contact the University's Office of Service Learning at (209) 667-3311 and/or my course faculty member if I believe I have been discriminated against, harassed, or injured while engaged in this internship.
6. I understand and acknowledge that neither the University nor the Internship Site assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this internship. I understand that I am personally responsible for paying any costs I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I carry health insurance.
7. Agrees to act in a responsible manner while representing California State University at the internship placement site, and abide by all rules and regulations that govern the site in which he/she has been placed.

The agency may be in a neighborhood that is known to have gang activity. Therefore, you should not schedule a meeting time at the agency that extends beyond sunset.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Required if student is under the age of 18)

CALIFORNIA STATE UNIVERSITY, STANISLAUS: GENERAL ACTIVITY  
RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK  
AND AGREEMENT TO PAY CLAIMS

**Activity:** As a student in (class) \_\_\_\_\_, I agree to engage in activities related to  
(description of activity) \_\_\_\_\_

**Activity Date(s) and Time(s):** \_\_\_\_\_

**Activity Location/Facility:** \_\_\_\_\_

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs, and representatives, I **release from liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, California State University, Stanislaus, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic loss or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from, participation in this Activity, which includes but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel, and dancing; or the condition of the Activity location(s) or facilities. **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, which may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

CALIFORNIA STATE UNIVERSITY, STANISLAUS: GENERAL ACTIVITY  
RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK  
AND AGREEMENT TO PAY CLAIMS

**If Participant is under 18 years of age:**

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue the University on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Participant's Name