

CENTRE COLLEGE INTERNSHIP CONTRACT (non-credit internships)

All sections of this contract **MUST** be filled out completely in order to be approved. Please type or print clearly.

Student name _____

Student ID number _____

Campus address _____

Cell phone _____

Phone (during the internship term) _____

Major(s) _____

Current Standing: ___ Junior ___ Senior ___ Soph

Internship title _____

Organization _____ **Phone number** _____

Address _____

On-site supervisor _____

Supervisor's title _____

Supervisor's e-mail address _____

Term of internship: Fall ___ CentreTerm ___ Spring ___ Summer ___

Brief Description of Duties (to be completed by the student and the on-site supervisor)

CAREER DEVELOPMENT AND INTERNSHIP OBJECTIVES

Because an internship is intended to be a learning experience as well as a professional one, it is important that tangible objectives be listed. These objectives should be specific and measurable.

Objectives:

A. _____

B. _____

C. _____

Internship schedule: Generally, a student will maintain a regular schedule of days and times to attend the internship. There will be exceptions to these established times as your internship may require the attendance at an event or meeting. Please note your expected days and times of attendance.

Regularly scheduled internship days: _____

Regularly scheduled internship hours: _____

Internship start and end dates: _____

Where will you be living during the internship? _____

Employer Intern Meetings: Specific times during the term should be set aside for the supervisor and student to come together for feedback, evaluation of progress and projection toward the remaining part of the term. Such meetings should take place at least once every two weeks, although more frequent meetings would be ideal.

Tentative frequency of employer-intern meetings: _____

SUGGESTED READINGS:

Experiential education is a means of learning in which the student integrates academic theory and traditional methods of inquiry with actual experience in the field. It is important that the student enriches his/her work experience through significant reading. We ask the student and the on-site supervisor to develop a reading list of pertinent books, materials, journal articles, etc. that will support the student's inquiry during the internship. Please make a list of those resources that will be used:

1. Title/Author: _____

2. Title/Author: _____

SUPERVISION AND CONTROL OF WORK

All parties agree that the employer sponsor will supervise the work of the student intern undertaken pursuant to this internship and that the employer sponsor will be responsible for the service or product provided to its clients or customers.

Signatures of Approval

(please obtain the signatures in the order in which they appear below)

Student _____

On-Site Supervisor _____

Career Services Representative _____

STATEMENT OF RESPONSIBILITY AND AUTHORIZATION RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____, am a student at Centre College (the “College”). I desire to participate in the College’s internship program for the _____ term of 20__ (the “program”). I acknowledge that my participation in the Program is wholly voluntary and I agree to all the terms and conditions of contained in this document (and those incorporated within this document), without which agreement the College would not be willing to allow my participation.

1. Conduct Agreement. I acknowledge that I have read and hereby agree to abide by all the rules of conduct as stated in the Centre Student Handbook. I further acknowledge that such rules, including those related to drugs and alcohol are applicable to students in Centre-Sponsored programs off-campus. The College Internship and Outreach Coordinator has the full authority to act on behalf of the College in enforcing rules and behavior suitable to making the educational experience worthwhile for all concerned. I am aware that, since I will be identified with the College and that my behavior reflects back upon the College, I must behave responsibly. I acknowledge that any disciplinary action taken against me may include termination of my participation in the Program, in addition to any other actions provided for in the Student Handbook.

2. Independent Travel. I agree that if I engage in travel, I will assume full responsibility for my own safety.

3. Changes. I acknowledge that the College reserves the right to make changes to the Program at any time and for any reason, with or without notice, and that the College shall not be liable for any loss whatsoever to participants by reason of such cancellation or change. I will be responsible for any additional expenses resulting from such changes.

4. Insurance. I represent that I am and will be adequately covered throughout the Program by a policy of comprehensive health and accident insurance, providing coverage for injuries and illnesses sustained. I have provided the information required on the Health Insurance Attachment included with this document.

5. Additional Expenses. Any unusual expense or obligation incurred by me or on my behalf by the College or its agents will be paid or reimbursed by me promptly. I acknowledge that costs for me to be sent home as a result of moral, legal, or disciplinary problems constitute an unusual expense in this Program.

6. Release and Indemnification. **READ CAREFULLY—YOU ARE WAIVING IMPORTANT RIGHTS.** I, individually, and on behalf of my heirs, assigns, and personal representatives, hereby release and forever discharge, and agree to indemnify and hold

harmless, the College and its employees, agents, officers, and trustees (individually and in their official capacities) from and against any and all liability whatsoever for any and all damages, losses, or injuries (including death) including but not limited to any claims, demands, judgments, damages, expenses, and costs (including attorney's fees), which arise as a result of or connected in any manner to my participation in the Program. I further acknowledge that the College will not be responsible or accept liability for the actions of third parties, such as Employer Sponsors, airlines, hotels, or common carriers, which cause me loss, damage, or injury, or for circumstances beyond its reasonable control, such as inclement weather, acts of God, or accidents.

7. Other Acknowledgements. In signing this Statement of Responsibility and Authorization; Release and Indemnification Agreement, I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms and conditions, that by signing it I am giving up substantial legal rights I might otherwise enjoy, and I have signed it knowingly and voluntarily.

***** Students must sign. Parent or guardian must also sign if the student is under 21 years of age.**

Signature of student	Printed name	Date
----------------------	--------------	------

Signature of parent or guardian	Printed name	Date
---------------------------------	--------------	------

Health Insurance Attachment

Health Insurance Carrier

Carrier's Name

Address

Telephone Number

Policy Number

Student's Name

Please note: You should check with your insurance carrier concerning your coverage while you're interning.

- If you **DO NOT** have health insurance, please check this box and complete the STUDENT HEALTH INSURANCE ACKNOWLEDGEMENT AND WAIVER (See Career Services for this form.)