



INTERNSHIP PLACEMENT AND CONSENT FORM

SECTION I: PERSONAL DATA

Date: _____ Semester: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Student ID #: _____

SECTION II: COURSE INFORMATION

Course Title: _____ Faculty Name: _____

Course 5 Digit ID _____ Number of hours required _____

SECTION III: ORGANIZATION INFORMATION

Company/Organization: _____

Company/Organization Description (Mission): _____

Supervisor Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Position Title: _____

SECTION IV: EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Telephone Number-day: (____) _____ Telephone Number Cell: (____) _____

Name: _____ Relation: _____

Telephone Number-day: (____) _____ Telephone Number Cell: (____) _____

SECTION V: CONSENT FORM
PLEASE READ CAREFULLY

1. I agree to participate in a responsible manner at the Internship Site and to abide by all rules and regulations governing my internship. I understand and acknowledge that I am not permitted to drive a vehicle as part of my internship and that doing so would terminate the University's consent to this internship.
2. I agree to devote _____ hours per week at the Internship Site for a total of _____ hours, effective from _____ to _____. I agree to complete any forms, evaluations or other paperwork required by either the course or the site supervisor as it relates to the internship.
3. I understand and acknowledge the connection between my class activities and the experiential learning objectives to be fulfilled at the Internship Site.
4. I am voluntarily participating in this learning activity. I understand and acknowledge that I may take back my consent and stop taking part at any time. I agree to contact the University if I believe my rights have been or may be violated.
5. I understand and acknowledge that there are risks associated with this internship, some of which may arise from (a) the location of the internship, (b) the amount and type of criminal activity at or near the location of the internship, (c) the hours when I will be present at the Internship Site, (d) the educational, criminal, mental and social backgrounds of the individuals I will be working with or serving, (e) my assigned tasks and responsibilities and (f) the amount of supervision I will receive. I further understand and acknowledge that my safety and well being are primarily dependent upon my taking proper care of myself.
6. I have discussed the risks associated with this internship with my site supervisor at the Internship Site. Being aware of the reasonably foreseeable risks inherent in this internship, I nonetheless voluntarily choose to attend and participate in this internship, and I assume all risks of physical injury, accident, or death, and any property loss of any kind which may occur before, during, or after my participation in any aspect of this internship, including travel to and from the Internship Site.
7. I agree that, 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 or commitments to a client I cannot keep; (d) tolerate any verbal exchange of a harassing nature, or engage in behavior that might be perceived as harassment with a client or Internship Site representative; (e) tolerate any verbal exchange or 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; (f) engage in any type of business with clients during the term of my placement; or (g) enter into personal relationships with a client or Internship Site representative during the term of my placement.

8. I am in good health and able to participate in this internship. If I need emergency medical treatment, and my emergency contact cannot be reached for whatever reason, I consent to any medical/hospital care or treatment rendered upon the advice of any licensed medical personnel. I agree to be responsible for any costs incurred as a result of such treatment.
9. In consideration of being permitted to participate in this internship, I agree to indemnify the State of California, the California State University Trustees, California State University Channel Islands, and their respective officers, agents, volunteers, and employees, from liability and responsibility for any future claims against any of them by reason of any personal or bodily injury or property damage arising from my acts or omissions in the performance of this internship.
10. I am 18 years old or older and legally competent to sign this Consent Form. I have carefully read and understand its terms and their significance. No oral representations or inducements have been made to me to sign this Form.

Student Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____