



THE UNIVERSITY OF ARIZONA

College of Social and
Behavioral Sciences

COLLEGE OF SOCIAL AND BEHAVIORAL SCIENCES FALL 2017 INTERNSHIP APPLICATION FORM

The SBS 393 Internship Coordinator must receive **COMPLETED** application before registering student for internship credits. **The Fall 2017 deadline is Friday, September 1st by 5pm and this deadline is not flexible.** Coordinator contact info and submission instructions are located at the bottom of this application. Please do not forget the **personal statement** and **resume** described on the last page of this application. Thank you!

STUDENT INFORMATION

Eligibility for an internship is based on the following qualifications:

1. Be in **good academic standing** with the University of Arizona and have maintained at least a 2.00 grade point average (major and cumulative) at the University of Arizona prior to enrolling for an internship.
2. Have earned a minimum of 30 credits.
3. Completed at least one full-time semester at the University of Arizona – 12 units.
4. Be currently enrolled at The University of Arizona.

The student intern agrees to the following:

1. Discuss with your prospective supervisor at the work site the possible risks and dangers associated with the planned internship. Then complete and sign the **Internship Assumption of Risk Release Form** and submit it along with the Internship Application.
2. Complete all academic assignments and reporting requirements of the internship. The course assignments are in D2L and students must submit their assignments by the due dates in the course D2L dropbox.
3. Recognize that you are representing The University of Arizona as an ambassador to the community and abide by the Student Code of Conduct and Code of Academic Integrity.
4. Understand and follow the policies, procedures, rules, and regulations of the sponsoring organization.
5. Be prepared to perform your internship duties for the hours and duration specified. Talk with the supervisor about any University holidays.
6. Students may not receive internship credit for their ongoing job. For students in **paid** internships: indicate on the application form how the internship work hours and duties exceed the normal job requirements with the sponsoring organization.
7. Ensure that your direct supervisor is able and willing to submit an evaluation on your behalf. Some organizations have personnel policies prohibiting your supervisor from providing a written intern evaluation. If this is the case, special arrangements must be made for your supervisor to speak directly with the course instructor about your performance.
8. Neither the instructor nor the University will be responsible for the payment of any medical care for injuries alleged to have resulted from the student's work experience.

Student Name

Student Identification Number

Local Mailing Address

City

State

Zip

() - () - () -
 Local Telephone Number Work Telephone Number Cell Phone Number

 UA E-mail Address Major (s) Minor (s)

 Class Standing (Senior, Junior, Sophomore) Projected Graduation Date
 Cumulative GPA: _____

 Emergency Contact Name Relationship () -
 Telephone Number

*Are you a UA Online student (please check one)? YES ___ NO ___

SPONSORING ORGANIZATION INFORMATION

In order to participate in the Internship Program, prospective organizations are expected to provide an outline of the employer's understanding of the internship(s) it intends to offer.

An organization sponsoring an intern should assign a full-time professional as the Internship Supervisor and agree to the following:

1. In the space provided below the organization's understanding of the internship it intends to offer.
2. Outline Make individual arrangements, if agreed upon between the student and organization, for any wage, stipend or other benefit of service deemed appropriate.
3. Provide pertinent policies and procedures to students prior to the beginning of the internship.
4. Train and provide relevant education and training for the student intern.
5. Supervise and evaluate the intern's performance regularly throughout the term of the internship.
6. Maintain the intern status of the student, to be distinguished from employment status.
7. Comply with the Internship provisions under the U.S. Department of Labor's Fair Labor Standards Act.
8. Notify the department of any decision to remove the student from an internship prior to the agreed upon time, due to the student's failure to comply with rules and regulations, and provide a written report to the department stating the reasons for intern's termination.
9. Complete and submit an Internship Final Evaluation form by the date specified by the department, and return this to the course instructor in the manner specified.

Intern Name: _____

Intern Position Title: _____

Sponsoring Organization: _____

Division/Department: _____

Internship Supervisor: _____

Supervisor's Title: _____

Supervisor's Email: _____

Supervisor's Phone: _____

Supervisor's Mailing Address: _____

Summary of Job:

STUDENT RESPONSIBILITIES

Start Date: _____ End Date: _____
Month Day Year Month Day Year

Work Schedule: _____ Hours Per Week Expected: _____
Must list agreed upon workdays.

Supervisor/Student Contact Hours: _____

The student will receive the following compensation for the internship (**circle all that apply**):

\$ _____ Per Hr/Wk/Mo Room & Board Stipend Scholarship Pre-Professional Experience

Location of job: _____

On-site Activities/Responsibilities: _____

Physical Demands/Work Environment: _____

Equipment/Machinery to be Used: _____

Other: _____

Supervisor's Signature: _____ **Date:** _____

CONDITIONS OF AGREEMENT

The Department and Sponsoring Organization, in finalizing this agreement, shall make no distinctions or discriminate against any applicant for internship credit on the basis of sex, race, creed, national origin, age, or handicap.

In consideration of the opportunity to participate in this internship, the undersigned Student and Sponsoring Organization do for themselves, their heirs, administrators and assigns, hereby release, discharge, and indemnify the University of Arizona, the College of Social and Behavioral Sciences, the College of Social and Behavioral Sciences, its representatives, administrators, employees, and students from any and all liabilities, losses, damages, claims, fines, suits or actions of any kind and nature, resulting from or arising out of any actions, omissions, or negligence of the performance of this agreement. Furthermore, the Sponsoring Organization will provide the student intern with safety procedures and information as is customarily provided regular employees of the Sponsoring Organization.

INFORMED LIABILITY STATEMENT

I understand that The University of Arizona and its representatives have arranged to establish an internship position with the Sponsoring Organization, which complies with academic, and employment regulations, policies, and procedures of The University of Arizona.

The daily managerial control and working conditions of the internship are under the sole discretion of the Sponsoring Organization and its designated agents. Consequently, I understand that The University of Arizona, College of Social and Behavioral Sciences, the College of Social and Behavioral Sciences, its deans, directors, administrators, and employees, do not assume and cannot assume any liabilities, losses, or damages to me or others resulting from or connection with acts, judgments, omissions, or negligence occurring during my work for and with the direction of the Sponsoring Organization or its agents. In consideration of this, I have been informed of the importance of securing employer benefits or making my own arrangements for personal and professional liability.

This agreement can be terminated at any time by mutual consent of the Sponsoring Organization, course instructor, and the student.

Student intern agrees to notify the Sponsoring Organization and the College/School Department two weeks prior to the end of the internship.

I have read and understand this document.

Student Signature

Date

Sponsoring Organization Supervisor Signature

Date

University of Arizona Internship
ASSUMPTION OF RISK AND RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING
(If student is under 18 years of age, a parent or legal guardian must also read and sign this form)

Student Participant: _____ **Date of Birth:** _____

Student ID: _____

Sponsoring Organization: _____

I hereby agree as follows:

RISKS OF PARTICIPATION

I recognize that there are dangers and risks to which I may be exposed by participating in this internship. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with the internship, as explained by the on-site supervisor:

I understand that the University of Arizona (the "University") does not require me to participate in the internship, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume all of the risks and responsibilities that are in any way associated with the internship.

HEALTH & SAFETY

I understand and agree that the University and its governing board, administrators, and employees (the "Releasees") do not have medical personnel available at the Sponsoring Organization, which is the site location for my internship. I understand and agree that the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized emergency medical treatment.

I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this internship. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the internship.

I understand that neither the Releasees nor the Sponsoring Organization are obligated to provide transportation in connection with the internship. I understand that I am expected to carry my own automobile liability insurance coverage.

STANDARDS OF CONDUCT

I will comply with the University's Student Code of Conduct and Code of Academic Integrity, as well as the standards of conduct for employees of the Sponsoring Organization. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such codes and academic standards.

I agree that the University has the right to enforce the standards of conduct described at: <http://studpubs.web.arizona.edu/policies/cofc.htm>, as well as at: <http://studpubs.web.arizona.edu/policies/cacaint.htm>, and that the University will impose sanctions, up to and including expulsion from the internship or from the University, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the department's internship program, the Sponsoring Organization, or other student participants.

The University has the right to make changes in the format and administration of the internship. I understand that the University has no control over the operations or premises of the Sponsoring Organization, and that I will be under the supervision of a representative of that organization while I am participating at the internship.

ASSUMPTION OF RISK AND RELEASE OF CLAIMS

Knowing the risks described above, and in consideration of being permitted to participate in the internship, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the internship. To the maximum extent permitted by law, I release and indemnify the Releasees from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the internship (including periods in transit).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt by the University of Arizona in the College of Social and Behavioral Sciences and shall be governed by the laws of the state of Arizona, which shall be the forum for any lawsuits filed under or incident to this agreement or to the internship.

Signature of Student Participant

Date

Signature of Parent/Guardian (*if student is under age 18*)

Date

REGISTRATION, TUITION, AND FEES

The University and Board of Regents have set a standard of **45 hours of work for each unit of internship credit**.

Number of hours student will work by the end of the term for which student will receive credit: _____
Fall 2017: term ends December 6th, 2017.

Number of credits for which the student wishes to register: _____

Students must pay tuition and registration fees for internship credits. Please consult the Tuition and Fees Calculator at <http://www.bursar.arizona.edu/students/fees> to determine the charges for your internship credits.

I authorize the SBS Internship Coordinator to register me for _____ credits in the _____ term.

Student's signature

Date

STUDENT PERSONAL STATEMENT AND RESUME

Please attach to this application a typed statement explaining how this internship is related to and supplements your academic work and career goals. The statement must be at least **one page doubled spaced**. You will not be registered for SBS 393 internship credits if unable to explain how the internship supplements your academic work and professional goals after graduation.

Additionally, please include a **current professional resume**. Please **staple your resume and statement to the back of your completed SBS 393 application**.

PLEASE SUBMIT COMPLETED APPLICATION TO:

Jesse McCain
Program Coordinator, Student Engagement

Mailing Address:

Jesse McCain
College of Social and Behavioral Sciences
The University of Arizona
Douglass Building, Room 214
Tucson, AZ 85721

Email address: jmccain@email.arizona.edu

Phone: (520) 626-0308

***Completed applications may also be dropped off at the front desk of the Douglass Building (2nd floor) in Room 200W. Please mark "Attention Jesse McCain." Thanks!**