

FSHD Internship Application (7 pages)

University of Arizona, FSHD

Email: serving@cals.arizona.edu

<http://cals.arizona.edu/sfcs/fshd>

Family Studies and Human Development Internship Program, PO Box 210078, Tucson, AZ 85721-0078

Phone: (520) 621-7138 Fax: (520) 621-9445

Student Contact Information

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| Name: |
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| Student ID#: |
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| Home Phone: |
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| Cellular Phone/Pager: |
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| UA Email Address: |
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| Mailing/Local Address: |
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| Permanent Address: |
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| Expected Date of Graduation: |
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| Emergency contact name, ph # & relationship: |
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Organization/Supervisor Contact Information

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| Organization Name: |
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| Supervisor Name: |
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| Supervisor Title: |
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| Program/ Department: |
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| Business Phone: |
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| Fax: |
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| Email Address: |
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| Organization Website: |
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| Organization Mailing Address: |
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Information About Your Internship

Briefly describe your schedule for the internship semester. For instance, will you be applying to grad school? Doing research? How many units will you take? Will you have other part time jobs?

Does your life/school/work schedule fit the needs of the agency? YES NO
Can you commit to 9 hours a week at this site? YES NO

Please list your approximate internship schedule: (This should be discussed during the interview)

Briefly describe the role that you will take in the placement site. What will be your job responsibilities and activities?

Have you worked at this site before? YES NO
Please explain what you did, when, and whether you received university credit.

Will you be receiving monetary compensation for your work with this site? If yes, please explain.

How is this internship site connected to an FSHD career or experience?

*Please attach brochures and other information about the organization.

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 Agriculture and Life Sciences, the School of Family and Consumer 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 Agriculture and Life Sciences, the School of Family and Consumer 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.

I have read and understand this document. I agree to the terms of the internship experience as it is described above.

Organization Supervisor

Date

Student's Signature

Date

Internship Coordinator

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: _____

Student ID: _____

Sponsoring Organization: _____

Internship Course: FSHD 393/493

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.

