INTERNSHIP LEARNING CONTRACT

Student Name: ____ CCC Comet ID: ______________ Phone: ________________

Email: ________________ Local Address: ____
Street address City State Zip code

Perm. Address: ____
Street address City State Zip code

Internship Faculty Name:____________________Phone: _________________ Email: ______________

Student agrees to intern with:

Internship Organization: ______________________________________ Term: Fall 20____ Spring 20____ 1st Summer 20____ 2nd Summer 20____

Internship Address:____City, State, Zip Code: ______________________________________

Work-site Supervisor:_________________Title: _______________________Phone: ________________ Email:________________

Hours per Week Agreed to: ______ Total Internship Hours Agreed to: ______ Academic Credit Hours to be Earned (determined by CCC): ___

Beginning Date:__________ Completion Date: ________ Will you receive any type of compensation for the internship? Yes____No_____

Student Internship Role: __________________ Brief Description of Duties: ____

____

Revised 9/2021

LEARNING OUTCOMES AND STRATEGIES: These items are to be completed via the cooperative efforts of the intern and the internship faculty. Input by both parties is crucial, and the completion of this section is necessary for the approval of the internship. You must be specific.

a) Learning outcomes (What I intend to learn)	b) Strategies (What I will do during my internship to learn this outcome)	c) Evaluation Methods (How my progress regarding each outcome will be measured)	d) Final Self Evaluation (Did I meet my outcomes and how?)
1.a.)	**1.b.)**	**1.c.)**	**1.d.)**

2.a.)	2.b.)	2.c.)	2.d.)
a) Learning outcomes (What I intend to learn)	**b) Strategies (What I will do during my internship)**	**c) Evaluation Methods (How my progress regarding each outcome will be measured)**	**d) Final Self Evaluation (Did I meet my outcomes and how?)**
3.a)	**3.b.)**	**3.c.)**	**3.d.)**

Intern: I agree with all components of this learning contract; and I will adhere to the objectives, strategies, and evaluation methods of the contract to the best of my ability.

____ __________________

Signature of Intern Date

Work-site Supervisor: I have read this learning contract, and I attest that its components meet the expectations for an internship with my organization. I agree to conduct a final evaluation of the intern and to participate in a site visitation if requested.

____ __________________

Signature of Work-site Supervisor Date

FOR FACULTY USE ONLY

Approve ____________________

Pending ____________________

Disapprove/Reason(s): ____________________

____ __________________

Signature of Internship Faculty Date

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INTERNSHIP LIABILITY RELEASE

NOTICE: This release form is a contract with legal consequences. Please read it carefully before signing.

Date:______________________________CCC Comet ID ____

Student Name (Last, First, MI): ____

Period of Internship: Semester________________________, Academic Year ________________________

Effective Dates of Document: From (mm/dd/yy) _______________ To (mm/dd/yy) __________________________

LIST OF INTERNSHIP ACTIVITIES:

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this internship. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this internship, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the College and me. I release the College, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in this internship, as well as any medical treatment decision or recommendation made by an employee or agent of the College. I agree to pay all expenses relating thereto and release College from any liability for any actions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the internship, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this internship.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form 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 Release Form or to the internship. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

____ ____________________________

Student Signature **Date**

PARENT OR GUARDIAN OF A MINOR:

I, as parent or guardian of the below named minor, a person under the age of 18 years, hereby give my permission for my child or ward to participate in this internship and further agree, individually and on behalf of my child or ward, to the terms of the above contract for waiver of legal rights.

____ ____________________________

Parent or Guardian Signature (if student is under 18) **Date**

EMERGENCY NOTIFICATION

Emergency Contact Name:

____

Relationship:____

Home Phone:______________________________Cell Phone: ______________________________

Work Phone: ______________________

Address: ____

____
City State

Secondary Emergency Contact Name:____________

Relationship:____

Home Phone:______________________________Cell Phone: ______________________________

Work Phone: ______________________________

Address: ____

____
City State Zip Code

HEALTH INSURANCE INFORMATION:

☐ *I **DO NOT HAVE** HEALTH INSURANCE COVERAGE FOR MYSELF. I*

☐ ***DO HAVE** HEALTH INSURANCE COVERAGE FOR MYSELF.*

Health Insurance Provider: ____

Primary Person's Name: ____

Primary Person's Identification Number: ______________________________________

Insurance Group Number: ____

Health Insurance Provider Phone Number: __________________________

Primary Care Physician Name: ____

Physician's Phone Number: __________________________

BE IT KNOWN THAT, if neither my emergency contacts nor my physician is available at the above contact numbers, I, the undersigned student, do hereby give and grant consent to the provision of emergency medical treatment to the extent that treatment is necessary in the medical opinion of the doctor rendering the treatment.

____ ____________________
Student Signature **Date**

____ ____________________
Parent or Guardian Signature (if student is under 18) **Date**

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