

# University of Arizona

## SOCIOLOGY INTERNSHIP APPLICATION FORM

### 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. Note: Some departments/colleges require a higher GPA for internships; consult with the internship coordinator about the GPA.
2. Have **Junior** status with completion of a minimum of five sociology courses (two of which must be at the 300-level or above), with a 2.0 minimum GPA both overall and in the major.
3. Continuing students should have completed at least two full-time semesters--a minimum of 24 University Credits. Transfer students should have completed at least one full-time semester--a minimum of 12 University Credits.
4. Be currently enrolled at The University of Arizona.
5. Be a declared Sociology major or minor.

**The intern student agrees to the following:**

1. Students must complete this form and obtain all signatures **prior** to submitting the Intern Application packet to the Sociology Internship Instructor.
2. Verify addition of the internship to the appropriate semester schedule.
3. Pay all registration fees associated with the credits to be earned. If you receive financial aid, consult with the Financial Aid and/or Scholarship Office prior to registering.
4. 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 to the department offering the internship course.
5. Complete all academic assignments and reporting requirements of the internship as specified by the department.
6. 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.
7. Understand and follow the policies, procedures, rules, and regulations of the sponsoring organization.
8. Be prepared to perform your internship duties for the hours and duration specified. Talk with the supervisor about any University holidays.
9. 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.
10. 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.
11. At the conclusion of your internship, complete the **Student's Internship Evaluation Form**, and give it to the course instructor.

Student Name		SID #	
Local Mailing Address		City	State    Zip
(       )       -	(       )       -	(       )       -	
Local Telephone Number	Work Telephone Number	Cell Phone Number	
E-mail Address	Major	Minor	
Class Standing	Projected Graduation Date	Cumulative GPA	Semester & Year
Emergency Contact Name	Relationship	(       )       - Telephone Number	

## DEPARTMENT INFORMATION

The University and Board of Regents have set a standard for 45 hours of work for each unit of internship credit. The intern applicant has agreed to work \_\_\_\_\_ hours per week for \_\_\_\_\_ weeks. Therefore, the Department agrees to award \_\_\_\_\_ units of credit for the following course \_\_\_\_\_ for the \_\_\_\_\_ semester.

### The Department and/or Course Instructor agree(s) to the following:

1. Select students who are in good academic standing.
2. Ensure that students are NOT awarded internship credit for their ongoing job.
3. Inform students of the necessity of complying with pertinent department and workplace policies and procedures.
4. Require that the instructor documents communications with the student and the work supervisor regarding internship activities.
5. Notify the student that, unless other agreements are made between the student and instructor, the instructor and department will not be responsible for any financial obligations incurred by the student for his/her participation; this includes, but is not limited to, travel and housing arrangements.
6. Notify the student that 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.
7. If the student's internship involves doing research with human subjects (e.g., collecting data), make sure that Human Subjects training is provided as appropriate to the student's assignment. [Check the Human Subjects Protection Program to determine if training is needed: <http://ocr.arizona.edu/hssp/forms> ]
8. Address the kind and amount of compensation (if any) that the department permits for internship credit (e.g., volunteer work, paid employment, a scholarship, room and board).
9. Send to the supervisor of the sponsoring organization the **Supervisor's Internship Final Evaluation** for completion and specify the deadline for this form to be returned to the course instructor.

School of Sociology \_\_\_\_\_  
Department

John McNeill \_\_\_\_\_  
Internship Instructor

P.O. Box 210027 , Social Science Bldg. #400 \_\_\_\_\_  
Department Mailing Address

jmcneill@email.arizona.edu \_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Academic Advisor (if different from above)

\_\_\_\_\_  
E-mail Address

Social and Behavioral Sciences \_\_\_\_\_  
College/School

Academic Advisor, Senior \_\_\_\_\_  
Title

Tucson \_\_\_\_\_ AZ \_\_\_\_\_ 85721 \_\_\_\_\_  
City State Zip

(520 ) \_\_\_\_\_ 626-6585 \_\_\_\_\_  
Telephone

\_\_\_\_\_  
Title

( ) \_\_\_\_\_  
Telephone

## SPONSORING ORGANIZATION INFORMATION

In order to participate in the Internship Program, prospective organizations are expected to provide a Letter of Agreement outlining the employer's understanding of the internship(s) it intends to offer (see instructions below).

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

1. Outline in the space provided below the organization's understanding of the internship it intends to offer, typically under the following headings:
  - a) **Purpose of the Internship** - A brief statement that describes the purpose of the internship and includes a statement on how the program philosophy will be maintained.
  - b) **Status of the Intern** - A brief description of the intern's status within the agency: expected number of hours per week, hourly wage or salary (if any), eligibility for benefits or not, eligibility for promotion or not, etc.
  - c) **Minimum Qualifications** - A statement that describes the minimum qualifications required of applicants for the internship. Minimum qualifications should include education, work experience, personal qualities, and special skills and knowledge.
  - d) **Job Description** - A broad statement of the job function that describes the intern's duties and responsibilities, including the identification of a "chain of command" for reporting purposes. Also include the name and position title of the expected supervisor.
  - e) **Firm-Specific Guidelines and Requirements for Interns** - A detailed list of what the organization expects from the intern and a definition of the organization's obligations to the intern. The former may include items such as the intern's specific job functions and/or the intern's professional responsibilities with regard to the organization's policies for office conduct, etc. The later may include items such as conditions of continued employment, potential for full-time employment after graduation, mentoring by full-time professionals in the organization, formal communication lines between the supervisor and intern, etc. *This can be attached as a separate document.*
2. 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. 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.
8. 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.

### Please attach supervisor's business card

Sponsoring Organization: \_\_\_\_\_

Division/Department: \_\_\_\_\_ Position Title: \_\_\_\_\_

Internship Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Location of Job: \_\_\_\_\_

Summary of Job: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MINIMUM INTERN QUALIFICATIONS**

Education: \_\_\_\_\_

\_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

Attitudinal Aspects: \_\_\_\_\_

\_\_\_\_\_

Specialized Skills/Knowledge: \_\_\_\_\_

\_\_\_\_\_

**STUDENT RESPONSIBILITIES**Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Month Day Year Month Day YearWork Schedule: \_\_\_\_\_ Hours Per Week Expected: \_\_\_\_\_  
Must list agreed upon workdays.

Total Hours expected to complete internship \_\_\_\_\_ ( For 3 hours of credit a minimum of 135 hours must be completed.)

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

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

Location of job: \_\_\_\_\_

On-site Activities/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical Demands/Work Environment: \_\_\_\_\_

\_\_\_\_\_

Equipment/Machinery To be Used: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Sponsoring Organization Internship Supervisor's Signature of Approval

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 School of Sociology, its deans, directors, 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 School of Sociology, 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.

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Student Signature

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Date

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Sponsoring Organization Supervisor

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Date

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Department Course Instructor

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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:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Internship Course:** \_\_\_\_\_ **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 School of Sociology 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.

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Signature of Student Participant

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Date

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

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Date

08/13/2014