STUDENT INTERNSHIP AGREEMENT NOT FOR ACADEMIC CREDIT

I. TO THE STUDENT (Please read, complete and sign this section)

Name___________________________________

Class Year______________________________

Major(s) ____________________________________________

Phone # (where you can be reached)______________ Email __________________

Albright College seeks to provide interested students with experiential learning and career development opportunities that complement their academic preparation with direct practical experience that leads to intentional, reflective learning. Such opportunities are well recognized as having a positive impact on students’ academic, personal, and career growth. Organizations sponsoring Albright interns provide an invaluable service to students’ development by offering this work-learning opportunity. Albright approves this internship experience in the belief that it is an appropriate complement to the student’s program of study. However, the College makes no other assurances about the experience, the site, or the arrangements that the student may make in connection with this opportunity.

Student Responsibilities - I agree to:

- Conduct my own due diligence with regard to a particular internship site and working conditions.
- Perform to the best of my ability those tasks assigned by my site internship supervisor which are related to my learning objectives and to the responsibilities of the position.
- Follow all the rules, regulations and normal requirements of this placement’s organization.
- Notify the Experiential Learning and Career Development Center of any changes I need to make to this agreement or any problems that may develop during the on-the-job experience.
- Maintain sufficient health, accident, and hospitalization insurance to cover me during my Internship at my sole expense.
- Maintain insurance on my personal vehicle if used for the benefit of the internship site. Any liability for injury or property damage resulting from this use is solely on my personal vehicle insurance coverage and/or any insurance coverage provided by the internship site.
- Be responsible for any collection of wages due or any taxes resulting from any payments that may occur.
- Be responsible for any injury I may suffer in the course of my Internship except for those resulting from the internship site’s negligence or Albright’s intentional misconduct or gross negligence.
- Understand and comply with the professional standards and decorum of the internship site.
- Observe standards of conduct that will not compromise Albright College in the eyes of individuals and organizations and will promote the continuance of future Internships for Albright students.

Albright does not knowingly approve internship opportunities which pose undue risk to participants nor does the college conduct reviews of internship facilities, but any internship or travel carries potential hazards which are beyond the control of the College and its agents and employees. I understand that the College, its governing board, employees or agents do not exercise any control over and are not responsible for the conditions of my working environment at the Internship.

I acknowledge that I have read, understand and will abide by the terms and conditions above.

Signature of Student __________________________________________ Date ________________

Print ____________________________________________________________________________

If student is under 18 years of age:

Signature of Parent or Legal Guardian __________________________________________ Date ________________

Print ____________________________________________________________________________

Return completed form to the Experiential Learning and Career Development, Geiser House, 1817 Linden Street, or email to elcdc@albright.edu (or fax: 610-921-7635).
II. TO THE SITE INTERNSHIP SUPERVISOR

(Please read and complete this section and sign at the end of form.)

Company Name

Address

Site Internship Supervisor Contact Information: _____ Dr _____ Ms. _____ Mr.

Name ___________________________ Title ___________________________

Phone _______________ Fax _______________ Email ___________________________

This organization is ___ for profit     ___ nonprofit     ___ governmental     ___ educational

Internship Information:
Internship Position Description (use back of form if needed and/or attach a position description)

__________________________________________________________

__________________________________________________________

__________________________________________________________

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Site Internship Supervisor Responsibilities
Albright College appreciates your participation in our Internship Program. Your role is integral to the student’s internship experience and success. As a site internship supervisor for this Internship, you agree to:

• Provide a job description to be used by the supervising professor and the student intern to determine the appropriateness of the Internship.
• Clearly discuss the responsibilities and parameters of the Internship with the student intern.
• Work with the student intern to develop on-site goals and learning objectives that are consistent with the goals set by the supervising professor.
• Pay the intern a fair wage if the company does not meet the guidelines for an unpaid internship as described in the Department of Labor Fair Labor Standards Act.
• Provide the student intern with adequate information and instruction for safe, effective functioning in the workplace.
• Provide ongoing supervision and feedback to the student intern about his/her performance.
• Be available to talk with the supervising professor and/or meet during a site visit.
• Notify the supervising professor as soon as possible of any problems that arise regarding the student intern or any changes in the student intern’s work status, schedule or performance.
• Provide a candid written evaluation of the student intern’s performance and attitude during the Internship so that the supervising professor can evaluate both field and academic components of the student intern’s work.
• Provide a safe working environment that complies with any applicable employment laws, regulations / ordinances.

I have read, understand and will abide by the site internship responsibilities described above.

Signature of Site Internship Supervisor ___________________________ Date __________

Print Name ________________________________________________________________

Please return completed form to:

Experiential Learning and Career Development at elcdc@albright.edu (or fax: 610-921-7635)