

**Berry Career Institute Student Internship Agreement
Student Expectations and Acknowledgement of Risk and Release**

STUDENT INFORMATION

First Name: _____ **Last Name:** _____

Student ID: _____ **Graduation Year:** _____

Major(s): _____ **Minor(s):** _____

Home City: _____ **Home State:** _____ **Home Country:** _____

Cell Phone: _____ **Email:** _____

INTERNSHIP INFORMATION

Select Internship Type: ___ **Berry Career Institute** ___ **Cornell Fellows**

Site Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Faculty Sponsor: _____ **Department:** _____

Internship Start Date: _____ **Internship End Date:** _____

Block(s) and Year: _____ **Expense Amount Awarded:** _____

SITE SUPERVISOR INFORMATION

Name: _____

Title: _____

Site Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Phone: _____ **Email:** _____

Cornell College itself does not control the way in which this experiential learning opportunity and the internship site are structured or operate. In providing support for this internship, the College affirms that, to the best of its judgment, the experience is an appropriate curricular option for students in a liberal arts program of study but makes no other assurances, expressed or implied, about any travel and living arrangements the student has made. Cornell College does not knowingly approve internship opportunities which pose undue risks to their participants. However, any internship or travel carries with it potential hazards which are beyond the control of the College and its agents or employees.

My signature below signifies that I understand the following expectations, policies, and procedures, and that I agree to abide by them.

Internship Expectations

- 1) I agree to submit an updated budget to the Berry Career Institute outlining my anticipated expenses associated with housing, transportation, food, and training supplies related to my internship experience. I understand the budget and other pre-departure forms must be submitted and approved by the Berry Career Institute prior to funds being disbursed by the College for the appropriate block or session.
- 2) I accept a monetary expense allowance in the amount previously awarded and agreed upon by myself and the Berry Career Institute to help defray my costs associated with housing, transportation, food, and training supplies related to the internship, and agree that by accepting these funds I will use the expense allowance for the aforementioned purposes. I understand that this stipend is not considered wage income, and is instead a reimbursement of budgeted expenses. I also understand that I am personally responsible for expenses I incur as part of the internship beyond the amount of the monetary expense allowance provided by the Berry Career Institute.
- 3) I recognize that I am responsible for setting up an appointment with the Berry Career Institute prior to the start of my internship to have my photo taken for marketing purposes by the Berry Career Institute. I understand that my monetary expense allowance may not be disbursed until after I have met this expectation.
- 4) I recognize that I am responsible for signing a Cornell College Site Affiliation Agreement prior to the start of my internship. I understand that I may be asked to assist Berry Career Institute staff with obtaining contact information and a signature from an authorized company representative to complete the Agreement.
- 5) I recognize that I am responsible for making sure I understand what is expected of me by my site and the deadlines corresponding to those expectations. If I don't feel that these expectations are clear enough within the first week, I know that I may choose to utilize the Learning and Assessment Plan form to initiate a conversation with my site supervisor to complete the Plan.
- 6) **Cornell Fellows Only:** I recognize that I am responsible for submitting a weekly activity report via the Cornell Fellows Blog or via email to the Cornell Fellows Program every week

throughout the duration of my fellowship. I understand that my report should include a summary of the previous week's activities and reflections on the experience using the blog prompts provided. I agree to submit any delinquent reports no later than two weeks after the conclusion of my fellowship. **I understand that my posts should adhere to all Cornell College policies and that the Cornell Fellows staff reserve the right to change, modify, add or remove portions of these posts at any time.**

- 7) I acknowledge that I am required to take digital photos of myself in my work environment and with company signage while at the fellowship site, and post photos online as part of my Blog throughout my experience, provided that the internship site permits such photos to be taken. I will also keep digital copies of photos after the conclusion of my internship for use in my showcase presentation and internship marketing materials.
- 8) I recognize my experience may be valuable for marketing purposes by the Berry Career Institute and therefore authorize Cornell College to publish accounts and images of my achievements as an intern electronically and in print.
- 9) I agree to submit a written testimonial on the impact of my internship no later than two weeks after the conclusion of the experience.

Cornell Fellows Only: I agree to submit a written, three- to five-page, post-fellowship report no later than two weeks after the conclusion of my fellowship. I understand the report shall include a full overview of my fellowship site, a summary of activities completed as a fellow, reflections on the experience and how the fellowship has influenced my future academic or professional plans, as well as general comments about the overall fellowship process.

- 10) **Cornell Fellows Only:** I agree to submit a hand-written thank you card addressed to my fellowship's donor no later than two weeks after the conclusion of my fellowship. I understand that stationery will be provided for me to use and that I am responsible for obtaining the stationery from the Berry Career Institute.
- 11) **Cornell Fellows Only:** I agree to complete an on-campus presentation as part of a semi-annual Cornell Fellows Showcase. I understand that I should expect to participate in the showcase following my experience unless notified otherwise by staff. If I am unable to present at my scheduled showcase due to an approved conflict by the Cornell Fellows Program, I may have the option to present at the next regularly scheduled program.
- 12) If I fail to meet any of the deadlines or criteria noted above, I am aware that I must return an amount totaling 25% of my full expense allowance to the Berry Career Institute by check within 30 days of the missed deadline. After the 30 day period, a \$100 billing fee will be assessed and included with the overdue amount added to any unpaid balance of my tuition and fees and will be subject to the regular financial collection procedures which may include financial probation possibly leading to financial suspension from Cornell College. I acknowledge that I will be notified by my Cornell College e-mail if I am required to remit payment.

- 13) I recognize that if I choose not to participate in the internship, do not complete essential parts of the internship, am released from my internship site for any reason, or fail to receive academic credit for my internship, I will reimburse the Berry Career Institute up to the full amount of the monetary expense allowance I was awarded.
- 14) I recognize that I must be a student in good standing and continuously enrolled at Cornell College during my internship experience and that I must be enrolled for at least one course on campus after the conclusion of the internship. If I fail to meet this expectation, I will reimburse the Berry Career Institute the full amount of the monetary expense allowance I was awarded.

General Expectations

- 15) **Cornell Fellows Only:** I am expected to participate fully, adhere to deadlines, and meet requirements associated with the Cornell Fellows Program.
- 16) I am expected to be prompt for all activities required by the internship site and will abide by the rules and regulations consistent with regular employment. I understand that the responsibilities and circumstances of an off-campus internship require a standard of professional decorum that may differ from that of Cornell College. Therefore, I indicate my willingness to understand and conform to the professional standards of the internship site.
- 17) I understand that it is important to the continuance of future internships that interns observe standards of conduct that would not compromise Cornell College in the eyes of individuals and organizations with which it has dealings, and I acknowledge the responsibility of Cornell College and the staff of the Berry Career Institute to set rules and interpret conduct for this purpose.
- 18) I agree that should the staff of the Berry Career Institute decide that I must be terminated from my internship because of conduct that might bring the program into disrepute or the internship site into jeopardy, that decision will be final and may result in the loss of academic credit and/or funding.
- 19) I will follow all instructions and guidelines put forth by the site supervisor. If, for any reason, I am asked to withdraw from or leave the internship site, I acknowledge that Cornell College is not responsible for any costs related to my withdrawal from the program.
- 20) I am responsible for my own actions at all times and will behave in a professional manner. This includes, but is not limited to abiding by the rules and regulations of Cornell College and any host sponsor or organization, Additionally, if I consume alcohol or other substances, they must be legal for me to consume and will be done so with professionalism and appropriate moderation in mind.
- 21) **International experiences only:**
- a) I agree to provide a written statement from a qualified health professional who reports that I am in good health, may travel as required, and am free from any physical or mental ailment or disability requiring medical, surgical, or other care of

treatment which might endanger the health or safety of myself or those with whom I may come in contact. I understand that my monetary expense allowance may not be disbursed until after I have met this expectation.

- b) I understand that a credit card or cash is often the only way to receive medical care in a foreign country.
- 22) I hereby represent and warrant that I have a policy of comprehensive health and accident insurance, including medical evacuation coverage (if an international fellowship), throughout the duration of the internship for injuries or illnesses I sustain or experience while participating in the internship, and that the documentation is on-file with the Student Health Center. I further authorize Cornell College or any of its agents to provide or authorize any reasonable, incidental and/or emergency medical treatment, and I accept responsibility to pay for such treatment, except for costs arising from an injury that I sustain that is the direct result of Releasees' (see Acknowledgement of Risk & Release) negligence or gross negligence or misconduct.
- 23) In case of an emergency, I grant permission to the Student Health Center to release information to Berry Career Institute staff as deemed necessary. I further grant Cornell permission to contact the following individual(s) and discuss any medical or personal situation I may have encountered during the internship:

Name and Relationship

Address

City, State, Zip

Phone Numbers (home and/or cell, work)

Email Address

- 24) I accept the responsibility to pay for any medical treatment I may need during my internship experience, including but not limited to incidental and emergency treatment.
- 25) I understand that if I use my personal vehicle for the benefit of the organization with whom I perform my internship; Cornell College has no liability for injury or property damage which may result from that use. I agree to rely solely on my personal vehicle insurance coverage and on any insurance coverage provided by the internship site.
- 26) I accept the responsibility to pay for any additional costs, expected or unexpected, if I choose to extend my trip or delay my trip departure, including incidents when my trip might be delayed or extended due to personal injury, illness, family emergencies, or any other event that may interrupt travel related to my internship experience.

Acknowledgement of Risk and Release

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby **release** and forever discharge Cornell College including its governing board, trustees, directors, officers, employees, and any students, agents or volunteers acting at Cornell College's direction (collectively referred to as "Releasees"), from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys' fees, which arise out of, result from, occur during or are connected in any manner with my participation in the internship, any related or independent travel, and any activities, excursions, side trips or field trips in which I participate during the Program **UNLESS THE INJURY, DAMAGE OR DEATH IS CAUSED BY RELEASEES' SOLE NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.**

- 27) I acknowledge that participation in activities during the time of the internship involves exposure to various risks (including but not limited to vehicle accidents, illness, stressful environment, etc.).
- 28) Cornell College expressly disclaims liability for actions of third parties, which includes but is not limited to on-site supervisors, co-workers, host families, lodging providers, students, agents or volunteers who are not acting under the direction and control of Cornell College. I release Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, damage or death that I may suffer as a result of actions of any third parties who are not Releasees.
- 29) I acknowledge that all transportation providers are engaged as independent contractors and not as agents or employees of Cornell College. In addition, I acknowledge that Releasees shall not be liable for participants who choose to travel independently of or extend travel beyond that of the arranged internship.
- 30) I assume all risk and financial responsibility for any loss or injury to myself that may result from my actions or omissions, including, but not limited to, any undisclosed physical or emotional problems that might impair my ability to complete the internship, and I release Cornell College from any liability for injury to myself or damage to or loss of my possessions.
- 31) I understand that Cornell College reserves the right to make cancellations, changes or substitutions to the internship or financial stipend in case of emergency, changed conditions or in the general interest of the Berry Career Institute.

I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Iowa. If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

I have read this Agreement, understand its contents, and agree to abide by each of the terms and conditions of this Agreement. I have had a chance to ask questions regarding this consent form and have had those questions answered to my satisfaction. I understand that I may seek legal counsel to my own choosing to fully explain any terms of this Agreement. I understand that internship funds will not be dispersed until this Agreement is signed and submitted to the Berry Career Institute.

Signature of Participant

Date

Printed Name

Date of Birth

Signature of Parent or Guardian (if a minor)

Date

Printed Name of Parent or Guardian

FOR CORNELL FELLOWS PROGRAM ONLY	
Date Received _____	Staff Initial _____