

INTERNSHIP LEARNING PLAN AGREEMENT

Semester/Year 0	Course Number <u>RA 184</u>
Number of Units Enrolled <u>12</u>	
Student's Name	
Student's Email	Phone #
Internship Site Supervisor's Information:	
Name	Title
Email	
Internship Site Agency/Organization	
Department	
Name of Department Manager	
Business Address	
Phone # (including area co	de)
Internship Job Title:	
Position Description:	
Check One:	
Paid Internship Salary \$	per
Unpaid Internship	
Number of Hours of Internship Service Per Week	35
Length of Internship: Starting Date	

Student Learning Outcomes (numbers in parenthesis correspond to COAPRT competencies):

Upon completion of this course, students will be able to demonstrate:

- 1. Administration: Knowledge and ability to perform in the administration of a recreation agency to include budget preparation, purchasing, program report writing and working with boards, commissions, and councils (7.01.03, 7.03.02).
- 2. Personnel: Knowledge and ability to perform in the personnel supervisory role of a recreation agency to include supervision of personnel, conducting in-service training, conducting staff meetings, and conducting personnel screening and evaluation (7.03.02).
- 3. Program Planning: Knowledge and ability to perform in the area of program planning in a recreation agency to include the planning of recreation activities, equipment and supply scheduling, program scheduling and evaluation, participant treatment planning and evaluation, and gaining an understanding of the agency's total recreation program (7.02.01, 7.02.02, 7.02.03).
- 4. Public relations: Knowledge and ability to perform in the public relations program in a recreation agency to include preparing news releases, radio and television copy, department advertising and public speaking (7.03.02).
- 5. Complete a 15 consecutive week, 525 hour internship. (7.04.01)

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STUDENT PARTICIPATION GUIDELINES

- I (Student) will devote **35 hours per week** towards completion of the learning objectives listed in my learning plan for a total of **525 internship service hours**, effective from ______ to _____. I agree to complete any paperwork and orientations required by my professor or site supervisor as part of this learning activity.
- 2. I understand and acknowledge that there are potential risks associated with this internship, some of which may arise from (a) my assigned tasks and responsibilities, (b) the location of the learning activity, (c) the physical characteristics of the Internship Site, (d) the amount and type of criminal activity or hazardous materials at or near the location of the Internship Site, (e) any travel associated with the Internship, (f) the time of day when I will be present at the Internship Site, (g) the criminal, mental and social backgrounds of the individuals I will be working with or serving, and (h) the amount of supervision I will receive. I further understand and acknowledge that my safety and well-being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage.
- 3. Acknowledging all of the above, I assume all related risks, both known or unknown to me, of my participation in this activity, including travel to, from and during the activity. I understand that I may stop participating at any time if I believe the risks become too great.
- 4. I understand that until a signed Experiential Learning Agreement is executed with my requested organization, I assume full responsibility and liability while interning at this site, which is detailed in the Release of Liability/Emergency Contact form that must be signed by all student internship participants. Once an Experiential Learning Agreement has been signed and executed, I will be covered by the University's General Liability Insurance program while enrolled in this internship course. If an Experiential Learning Agreement is not fully executed prior to the start of my internship, and I do not agree to fully accept liability, I will contact my faculty member about locating an alternate internship site.
- 5. While participating in this Internship, I will (a) exhibit professional, ethical and appropriate behavior; (b) abide by the Internship Site's rules and standards of conduct, including wearing any required personal protective equipment; (c) participate in all required training; (d) complete all assigned tasks and responsibilities in a timely and efficient manner; (e) request assistance if I am unsure how to respond to a difficult or uncomfortable situation; (f) be punctual and notify the Internship Site if I believe I will be late or absent; and (g) respect the privacy of the Internship Site's clients.
- 6. While participating in this Internship, I will not (a) report to the Internship Site under the influence of drugs or alcohol; (b) give or loan money or other personal belongings to a client; (c) make promises to a client I cannot keep; (d) give a client or representative a ride in my personal vehicle; (e) engage in behavior that might be perceived as harassment of a client or Internship Site representative; (f) engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, physical and/or developmental or intellectual capacity or ethnicity; (g) engage in any type of business with clients during the term of my placement; (h) disclose without permission the Internship Site's proprietary information, records or confidential information concerning its clients; or (i) enter into personal relationships with a client or Internship Site may dismiss me if I engage in any of these behaviors.
- I agree to contact the University's Administrator of Environmental Health and Safety, Risk Management & Sustainability at (559) 278-6910 if I believe I have been discriminated against, harassed or injured while engaged in this Internship. Please call Campus Police after hours 278-8400
- 8. I understand and acknowledge that neither the University nor the Internship Site assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this learning activity. I understand that I am personally responsible for paying any costs I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I carry health insurance.

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- 9. I understand and acknowledge that changes in supervision must be reported to my university advisor for approval.
- 10. I understand and acknowledge that problems affecting my internship are to be dealt with immediately and communicated to my internship advisor and university advisor.

GENERAL PROVISIONS

- The Internship Site Supervisor agrees to provide an orientation that includes a site tour; an
 introduction to staff; a description of the characteristics of and risks associated with the Internship
 Site's operations, services and/or clients; a discussion concerning safety policies and emergency
 procedures; and information detailing where students check-in and how they log their time. They will
 also provide applicable training and safety equipment that may be necessary.\
- 2. The University will provide all students enrolled in an Internship Course with Student Academic Field Experience for Credit Liability Insurance (SAFECLIP) only if an Experiential Learning Agreement, which is separate from this Internship Learning Plan Agreement, has been executed between the Internship Site and the University. This insurance coverage provides professional and personal general liability coverage for students enrolled in Internship Course sections for which they are receiving academic credit. Proof of such coverage will be provided upon request to the Internship Site. For more information about the Experiential Learning Agreement, please contact the University Internship Coordinator at 559.278.4207.
 - □ A Valid Experiential Learning Agreement between the University and the Learning Site has been executed. The student will be covered by SAFECLIP during the time that the student is enrolled in an internship course for this internship.
 - □ No Experiential Learning Agreement has been executed. The student assumes full responsibility and liability while interning at this site.
 - □ A Learning Site Risk Assessment has been completed.
 - □ A Learning Site Risk Assessment has not been completed. It must be completed before the student starts their internship hours.
- The Internship Site Supervisor should notify the University as soon as is reasonably possible of any injury or illness to a student participating in a learning activity by calling (559) 278-6910 or (559) 278-8400.
- 4. The Internship Site Supervisor and the University will meet upon request or as necessary to resolve any potential conflicts and to facilitate a mutually beneficial experience for all involved. If it is determined that the internship placement fails to be in the best interest of the scholar, internship site, and/or California State University, Fresno, either party (the university or the internship site) may terminate this particular internship upon giving written notice as soon as reasonably possible to the other party.
- 5. The Internship Site Supervisor may dismiss a student if the student violates its standards, mission or goals. The Internship Site will notify the University as soon as reasonably possible of the student's dismissal.

I have read, understand and agree to comply with these guidelines.

Student	Date
Internship Site Supervisor	Date
Internship Course Faculty	Date