**INTERNSHIP FORM**

***PLEASE complete & return both sides of form—signed by you—to Fell 456 to obtain permit to enroll for appropriate class.***

**Semester *(circle one):***Fall Spring Summer **Calendar Year: \_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­\_\_2019\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **UID Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ilstu.edu**

**Your Mailing Address** (where you will stay during this internship):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Street Address City State Zip

**Major *(circle one):*** Com Studies Journalism Mass Media PR Other **Current Cumulative GPA:** \_\_\_\_\_\_\_\_\_

**Year in School *(circle one):***Sophomore Junior Senior **Credit Hours Completed: \_\_\_\_\_\_\_\_\_\_**

 **Number of Previous Internships for Credit: \_\_\_\_\_\_\_\_\_\_**

**Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Site Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Internship Start Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ **End Date:**  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

 **Credit Hours Earned: \_\_\_\_\_\_\_\_\_\_\_\_ Hours worked per week: \_\_\_\_\_\_\_\_\_\_**

(1st internship=3 hours; 2nd & beyond=1 hour or more)(the minimum for any internship is 144 hours for the FULL TERM)

Registration Note: Be sure to unclick the box that says “show open classes only” when you enroll.

***Student Signature:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**My signature acknowledges that I agree to the requirements presented in the current Field Experiences syllabus and I understand that internships for course credit provide a grade, credit hours, and are subject to appropriate tuition and fees. NOTE: Credit can only be granted for internships during the semester in which they are completed—not retroactively.**

*SoC Faculty Coordinator Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*SoC Faculty Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Permit Obtained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_ List \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: COM 398A\_\_\_\_\_\_

*Form revised: Dec. 12, 2018* Other: \_\_\_\_\_\_\_\_\_ Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JOIN HIRE A REDBIRD** … *Your syllabus will show you how. Syllabi are emailed to interns and supervisors in the first week of each term.* ***Hire A Redbird*** *will help you throughout your professional career. Start today!*

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**FIELD EXPERIENCES (INTERNSHIP) ASSUMPTION OF RISK AND WAIVER OF LIABILITY**

This document must be completed in order to participate as an intern in the Field Experiences Program sponsored by the School of Communication at Illinois State University (the “Program”).

Participant (print full name):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, am either the participant named above or the parent and/or legal guardian of the minor participant named above (both of whom are referred to herein collectively and individually as the “Participant”). I am familiar with the activities, responsibilities, conditions and risks that are associated with participation as an intern or volunteer in the School.

I understand that participation in the Field Experiences program can include foreseeable and unforeseeable risks. Participant freely and voluntarily participates, or allows participation, in the Program with knowledge of the dangers involved and agrees to assume and accept any and all risk of participation in the Program. I understand that Illinois State University does not assume any liability whatsoever for personal injuries or property damages to any person arising out of Participant’s participation in the Program or activities related to it. I also agree to release, indemnify and hold harmless Illinois State University from any and all liability and claims arising out of, or related to, Participant’s activities in the Program.

I certify that I have health insurance to cover the costs of treatment in the event of any injury. In the event of injury, I also consent to the providing of emergency aid or other medical care as may be appropriate under the circumstances.

\_\_\_\_\_\_ **I am signing this Agreement for myself as Participant.** I am at least eighteen (18) years of age and I understand the terms of this Agreement. I also acknowledge that this Agreement will bind my heirs and personal representatives.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

*- - - - - - - - (or)- - - - - - - -*

\_\_\_\_\_\_ **I am signing this Agreement on behalf of a minor Participant.** I am the Parent/Guardian of the Participant and I understand the terms of this Agreement. I also acknowledge that these terms will bind my heirs and personal representatives and the heirs and personal representatives of Participant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Legal Guardian and/or Parent of Participant Date

***TAKE CARE OF YOU:*** *Even for interns, college life can get complicated. Students sometimes feel overwhelmed, lost, experience anxiety or depression, struggle with relationship difficulties or diminished self-esteem. However, many of these issues can be effectively addressed with a little help. Student Counseling Services (SCS) helps students cope with difficult emotions and life stressors. Student Counseling Services is staffed by experienced, professional psychologists and counselors, who are attuned to the needs of college students. The services are FREE, completely confidential and available even to students living away from campus. Find out more at counseling.illinoisstate.edu or by calling (309) 438- 3655.*