



INTERNSHIP/FIELD EXPERIENCE AGREEMENT

This form is signed by the internship student and site supervisor then returned to the internship/field experience course instructor

Name of Student Intern: _____
Intern's Email: _____ Phone: _____

Student's Statement of Agreement

1. I understand that I am representing Sussex County Community College when I undertake an Internship/Field Experience. I understand that this is an opportunity to experience my chosen career first-hand and I appreciate the time being invested in my experience by my internship supervisor.
2. I understand this experience is a privilege, therefore, I will act in a professional, responsible, diligent and respectful manner during the entirety of my internship/field experience.
3. I understand and accept full responsibility for any and all factors that may keep me from securing an internship/field experience placement or future employment.
4. I understand that any client information learned during my internship experience will be kept confidential in perpetuity.
5. I understand I must maintain an accurate timecard of my hours during the internship experience.
6. I understand I must attend the course class component of my internship/field experience if I am registered in an in-person course. Alternatively, if I am registered in an online internship course, I understand that I must complete all course work as per the syllabus.
7. I will, or have, prepared a resume listing an accurate account of my past work and school experience.
8. I understand that no internship should be undertaken without the authorization of my Internship Course Instructor.
9. I will return the signed Internship/Field Experience Agreement to my course instructor **AND** provide a signed copy to my internship supervisor. I will retain a copy for myself.

10. I understand that I must accurately fill out a Request for a Certificate of Insurance form and submit it to my Internship Course instructor and that my internship site MUST receive a copy of the Certificate of Insurance for the Internship BEFORE I have permission to begin my internship.

Required Student Signature:

Print Name of Student

Signature of Internship Student

Date

Supervisor's Statement of Agreement

1. The intern is required to complete _____ hours of Internship or Field Experience.
2. The supervisor will undertake the responsibility of supervising the student during the Internship.
3. The supervisor will complete the student's Internship Evaluation Form and return it to the Internship/Field Experience Instructor via email or in a sealed envelope.
4. The supervisor understands the student's SCCC instructor reserves the right to visit the internship site during the student's internship/field experience and that the instructor can choose to ask the supervisor to submit a short review of the progress or concerns halfway through the experience.
5. The supervisor understands that the instructor should be contacted by email or phone with any issues or questions during the student's internship.

Course Instructor's Name: _____

Email: _____ Phone: _____

6. It is the policy of Sussex County Community College (SCCC) not to discriminate in admission or access to its programs and activities, or treatment in employment of individuals, on the basis of race, color, national origin, sex, disability, religion, creed, age, marital status, pregnancy and related conditions, union membership, veteran's status, sexual orientation, gender identity or socioeconomic status. This policy applies to all terms, conditions, and privileges of student enrollment, staff employment, and vocational opportunities. Further, the College conforms to all federal and state statutes, orders, regulations, guidelines, and amendments concerning equal opportunities, New Jersey Law Against Discrimination, Title VI & VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975, and the Americans with Disabilities Act (ADA) of 1990. SCCC has an obligation to ensure that its Non-Discrimination Policy is applied to students participating in the Federal Work Study Program and in Internships with local businesses

and agencies. We therefore request that all students referred to you be judged and treated in a nondiscriminatory basis. Placement of our student (s) at your site is predicated upon full compliance with this policy.

Internship/Field Experience Site Supervisor: _____

Site Address: _____

Expected Start Date: _____ End Date: _____

Schedule (anticipated hours or days the intern will work per week): _____

Student's expected work and duties to be performed: _____

Required Supervisor Signature:

Signature of Internship Supervisor

Date

Internship Supervisor Title

Internship Supervisor Email

Supervisor Phone Number