

Memorandum of Understanding

This agreement establishes a basis for mutual understanding between _____ (Student), _____ (Employer) and Carroll Community College (The College) in the implementation of a student internship. This internship is for academic credit and is designed to give the student an opportunity to practically apply skills learned in the classroom.

Responsibilities:

The College, Employer and Student agree to communicate to ensure that the academic goals of the Internship Course Agreement are achieved to the mutual benefit and satisfaction of all parties.

The College agrees to:

1. Interview and match qualified students for the referral to work opportunities identified by the cooperating employer.
2. Provide qualified students with access to Internship work experience and opportunities.
3. Provide employers with appropriate personal and academic information on qualified students, upon written authorization by the student.
4. Facilitate and coordinate the interview process as a service to both the student and the employer.
5. Award credit to the participating students who have met the academic requirements outlined in the ICA.
6. Inform students and employers of any actions that affect student and employer relations.

The Employer agrees to:

1. Inform the College's Coordinator of Service-Learning and Internships of all work experience opportunities that the student will complete.
2. Consider for employment all qualified students prescreened and recommended by the College's Coordinator of Service-Learning and Internships.
3. Participate with the College's Faculty Sponsor in the coordination of the student's work experience activities and scheduling.
4. Provide the student with an orientation to the work setting and position responsibilities.
5. Provide the student with meaningful work assignments which fall within the confines of Employer need and time-tables, which will enhance and complement the student's academic program at the college.
6. Assist the student in the development of specific learning objectives which coincide with the student's career goals and academic program.
7. Provide students, to the extent possible, an overview of all applicable aspects of the industry including organization and management and structure, technical and production process, and major industry, labor, health, environmental and community issues impacting the business.

8. Evaluate the student's work performance by submitting a mid and final review. In addition, communicate with the Faculty Sponsor when contacted about the intern's performance.
9. Complete all forms and return them to the Faculty Sponsor.
10. Handle all personnel processing matters related to the student's internship.
11. Notify the college of any personnel actions taken which may affect the student's internship.
12. Provide a safe and healthful working environment for the student and hold the College harmless for any injury, illness or damages resulting directly or indirectly from the student's internship activities.

The Student agrees to:

1. Attend the initial interview with the Coordinator of Service-Learning and Internships.
2. Register for the appropriate internship class, maintain contact with their Faculty Sponsor, and communicate with the Coordinator of Service-Learning and Internships regarding their internship.
3. Maintain a grade point average of 2.0 while participating in the internship.
4. Help create learning objectives with the Faculty Sponsor for the internship.
5. Keep a weekly log of work activities, submit a beginning, mid and final review/reflection paper to the Faculty Sponsor. Or, follow guidelines specified in the ICA created by the Faculty Sponsor and student.
6. Participate in the student/employer evaluation process.
7. Turn in all forms to the Faculty Sponsor and Coordinator of Service-Learning and Internships.
8. Be responsible and punctual when reporting to the internship site and follow through with responsibilities with enthusiasm and maturity.

LIABILITY WAIVER / RISK ACKNOWLEDGEMENT:

I understand that participation in Internship activities could involve risk of physical injury, illness, death or property loss, and despite safety precautions, the College cannot guarantee safety thereof, as all risks cannot be prevented. The College does not provide health and accident insurance for internship participants, and I understand that any medical expenses, property loss, or other personal expenditures that result during or from this internship are to be borne by the student/participant, or by their parent or guardian (if student/participant is a minor). I also hereby consent and give authorization to site supervisors to secure any emergency medical treatment in event I am unable to, and I agree to be responsible for the costs thereof.

I further acknowledge that I am responsible for providing my own transportation and that if I drive my own vehicle, or am a passenger in another's private vehicle in connection with this internship, that CCC's auto insurance does not cover such a private vehicle. I also understand that the College cannot be responsible for assuring the safety and reliability of such private transportation or driver or for any non-sponsored activities and travel that I choose to participate in before, during or after the College sponsored internship activity, and I therefore accept the risks and responsibilities associated with such private vehicle travel.

In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with this Internship activity and with full understanding of the above issues/conditions, I hereby release, indemnify and hold harmless Carroll Community College, its employees, trustees, officers, volunteers, and agents from all form and manner of risks inherent in such activities, and from all claims and demands of any nature arising from participation in said internship. I also have read and understand the College's Conduct Standards and I agree to abide by them.

Signature of Student/Intern

Signature of Parent/Guardian (for minors)

Print Student/Intern Name

Print Parent/Guardian Name

Emergency Contact Name: _____

Phone: _____

Site Supervisor Signature (Employer)

Printed Name of Site Supervisor (Employer)