

## **Internship Position Acceptance Form**

STUDENT INFORMATION	
Name:	Specialization:
Student.#:	
EMPLOYER INFORMATION	
Organization Name:	
Student's Supervisor:	Title:
Work Telephone: ()	Work Email:
Work Address:	
POSITION INFORMATION	
Title:	
Begin Date:	End Date:
Hours Per Week:	Hourly Wage:
Brief Description of Duties (or attach job descript	tion):
experience, including providing adequate superview employer agrees to discuss termination/performation/perfor	the completion of an academically-relevant and meaningful ision and an evaluation of the student's performance. The ance situations with a John Glenn School Internship
Employer Signature:	Date:
John Glenn School of Public Affairs, including dut by the course syllabus, course registration, and p	• requirements of both the employer and The Ohio State University ties as assigned by the employer, course assignments as outlined payment of all associated fees for all semesters of participation. ree to the Code of Professional and Ethical Conduct on the
Student Signature:	
The John Glenn School of Public Affairs agr	<b>rees to</b> : provide support to both the student and employer in problems, and otherwise endeavor to make the experience
JGS Signature:	Date:
•	•

## Code of Professional and Ethical Conduct for Students Participating in an Internship

## General Statements:

While participating in an internship, you are representing not just yourself, but the university and your fellow students, both current and future. Your performance at your work site may have implications far beyond your current situation.

You are governed by the employer's employment policies, practices, procedures, dress code, and/or standards of conduct. To avoid any misunderstanding, it is recommended that you obtain clarification regarding such matters from your employer when you begin your assignment.

Your performance while on assignment as an intern may be measured by your employer's performance measurement process and/or a university-sponsored performance evaluation.

You must keep both the John Glenn School Internship Coordinator and your sponsoring employer apprised, at all times, of your current e-mail address, physical address and telephone number.

You understand that permissible work absences include illness or other serious circumstances. Keeping pace with coursework or co-curricular activities are not legitimate excuses. You are required to notify your sponsoring employer in case of absence.

Any changes in your internship status (layoff, cutback in hours, or dismissal) must be reported immediately to the John Glenn School Internship Coordinator.

If you feel victimized by a work-related incident (e.g. job misrepresentation, unethical activities, sexual harassment, discrimination, etc.), you are to contact the John Glenn School Internship Coordinator immediately.

Due to the nature of internship, students are not able to drop the course. Once an offer of employment is accepted students are required to complete the semester.

## Specific Statements:

While working at your internship, you will conduct yourself in a professional manner at all times. This includes, but is not limited to:

- Maintaining confidentiality regarding information accessed on any patients, clients, members, customers, employees, and products or services associated with the internship employer
- Reporting for work on-time on and on a regular basis
- Participating in any orientation or testing required by the internship employer
- Observing all established safety and sanitation codes as set by the employer
- Engaging in positive, good, legal behavior
- Accepting responsibility and accountability for decisions and actions taken while at work
- Ensuring that all interactions with guests, patients, clients, members, customers, the public and fellow employees are conducted with dignity and respect towards every person