

**INTERNSHIP CONFIRMATION FORM**

**Student information:**

Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern Telephone: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASU Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@asu.edu Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

Major/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Graduation Month and Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total credits earned to date: \_\_\_\_\_\_\_\_\_

 **Contact information (Please print or write legibly!):**

Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position / Title of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State / Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASU School Internship Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@asu.edu

**Duration:**

Semester of Internship (Circle): Fall Spring Summer Year: \_\_\_\_\_\_\_\_\_ # of Academic Credits **(1-6):** \_\_\_\_\_\_\_

 **(45 hours per credit)**

**New College 484 / 584** Prefixes **(**Circle**):**

**SBS:** COM JHR POS PSY SBS SOC

**MNS:** ACO FOR LSC MAT

**HArCS:** IAS IAP

 **GRAD:** JHR MAS OMN PSY ENG STC CMN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , on this date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_, agrees

 (Student Name) (Today’s Date)

to an internship with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Company/Community Site)

for \_\_\_\_\_\_\_\_\_ total contract hours, to begin on \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_, and to be completed by \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_.

**Internship schedule:**

Designate the scheduled days of the week and approximate times the intern normally will be expected to be interning.

MONDAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TUESDAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEDNESDAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THURSDAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FRIDAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAT/SUN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL HOURS/WEEK: \_\_\_\_\_\_\_\_\_\_

**Position details:**

**Status (**Circle**):** Unpaid or Paid If paid, hourly rate or amount of stipend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of agency function:

General description of intern role:

Responsibilities of student interns (please be specific):

Describe learning opportunities provided by site:

Required qualifications/skills (please be specific):

Special conditions or requirements:

Brief description of orientation and training provided by agency:

 **Liability release:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student Name) am signing this Release so that I can participate in the Internship Activities agreed upon in connection with the New College of Interdisciplinary Arts and Sciences’ Internship Program at Arizona State University.

 I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to me while I am participating in these activities or in connection with transportation to and from the destinations or any associated food or lodging. I agree to indemnify ASU and not to sue ASU for any harm or damage associated with my participation if the harm or damage is not due to the negligence or fault of ASU.

 If I require emergency medical treatment, please contact:

**Name of Emergency Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Other Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Emergency Contact Person I have listed is not available, please contact:

**Doctor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_

If neither my Emergency Contact Person nor my Doctor are available at these phone numbers, I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

In this agreement, “ASU” means Arizona State University, the Arizona Board of Regents, the State of Arizona and their employees and agents.

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

**Ethical guidelines:**

All those taking part in internship opportunities are expected to adhere to certain guidelines for ethical, responsible conduct. This is necessary for the benefit and protection of the interns themselves, as well as for the clients, placement agencies, instructor, supervisor, and the university. Certain basic guidelines are described below but these are not exhaustive. Interns are also expected to learn and adhere to the broader ethical guidelines dictated by their relevant profession (e.g., APA, NASW, ACA, etc.), as well as the guidelines specific to their placement agency. If, at any time, interns have questions about ethics or responsible conduct, they should contact the internship coordinator or the placement supervisor. By signing this document, the intern agrees to adhere to the guidelines listed above as well as those of the professional discipline and the specific placement agency. At a minimum, interns agree to adhere to the following principles:

***Confidentiality***. The identity of clients, or information that would reveal the identity of clients, cannot be revealed without the specific permission of the client. The only exceptions to this are cases in which the client may be dangerous to themselves or others and in cases of child abuse. In such situations, there may be legal requirements that responsible agencies be informed. There are also certain legal proceedings in which case notes and other records can be ordered to be released by the courts. Interns must familiarize themselves with, and adhere to, confidentiality procedures of their placements and the laws of the state.

***Recognition of Qualifications and Limitations***. Interns must recognize the limitations to their training and abilities and must not exceed these in work with clients. It is incumbent upon interns that they recognize when situations they encounter at the site are beyond their knowledge or ability. When such situations arise, interns will seek assistance from their supervisors.

***Identification as Interns***. Interns will explicitly identify themselves as interns to their clients, in reports, and in other professional activities. They will not misrepresent their training, qualifications, or status. Interns who will be at a placement for a limited time will inform clients of that limitation at the outset of providing services to them.

***Record Keeping***. Interns will accurately and reliably maintain written and other records as required by their placement agency.

***Dual Relationships***. Interns will refrain from clinical work with persons with whom the intern is already involved in other types of relationships. Such "dual relationships" may inhibit the effectiveness of the intern's clinical work and may jeopardize both the client and the trainee. For example, it would not be ethical for a trainee to take as a client someone who was a fellow student in class. Similarly, coworkers, friends, and others should not be seen as clients.

***Prohibition Regarding Sexual Conduct or Harassment***. Under no circumstances shall interns become involved in sexual or romantic relationships of any sort with clients of their placement agency. Interns will also refrain from sexual harassment and will respect the sensitivity of others regarding sexual matters.

***Self-awareness and Monitoring***. Interns will monitor their own emotional and physical status and should be aware of any conditions that might adversely impact their ability to serve their clients or placement agencies. If such conditions arise, interns should inform their placement supervisor and instructor.

***Ethics Discussion with Supervisor***. Each intern must discuss the ethical standards of their placement with their supervisor before performing work at the internship site.

 As specifically as possible, this statement should indicate what the intern will be expected to do or accomplish during the internship in order to meet both organizational and academic goals. Please attach any supplemental materials that would be helpful in describing this internship. Once both parties have signed this document the student should return it to the internship coordinator for inclusion in the student’s file.

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

By signing this document, I hereby certify that I have met with my academic advisor(s) and fully understand the impact to completion of my degree requirements. In addition, by signing below I consent to the New College of Interdisciplinary Arts and Sciences release and use of any FERPA-protected education records information for the purpose of coordinating a for-credit internship.

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

Intern Signature Date

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

Internship Site Supervisor Date

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

ASU Supervisor Signature Date