## INTERNSHIP APPLICATION

### Personal / Academic Information:

<table>
<thead>
<tr>
<th>ID #</th>
<th>Name</th>
<th>First</th>
<th>MI</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Class _______ Major(s) __________________________ CQPA ______ MQPA ______

E-mail _______________ Campus Box# _______ Phone # ______________________

Department of Internship __________________________ Internship Title ______________________

### Start Date _______________ End Date _______________ Total Number of Weeks ________

Hours Worked per Week _______________ Estimated Total Hours ________________

Total Internship Credits ___________ Credits to Major ____________ Elective Credits __________

Previous Internship Credits Earned _______ Paid/UnPaid ________ If paid, hourly rate ________

Semester:  
- ☐ Fall  
- ☐ Jan Intersession  
- ☐ Summer  
- ☐ Spring  
- ☐ May Intersession  
Year: ______________

### Host Site Information

Company/Organization ___________________________________________________________

Type of Business/Organization __________________________________________________

Address ___________________________ City ___________ State ___________ Zip Code ___________

On-Site Supervisor ___________________________ Title ___________________________

Telephone Number ________________ E-mail Address: __________________________
General description of Internship Position

*This section to be completed by the employer* (email correspondence or other employer documentation of position description and/or primary tasks is acceptable)

Position Description: ________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Primary Tasks: (Job description may be attached):

<table>
<thead>
<tr>
<th>Task Description</th>
<th>% of Time on Task</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employer Signature: ________________________________________________________________

*This Section to be completed by the Faculty Sponsor*

<table>
<thead>
<tr>
<th>Work that is required to earn Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product Description</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Sponsor and Student</td>
</tr>
<tr>
<td>Method of Communication</td>
</tr>
<tr>
<td>Date to be Completed By</td>
</tr>
</tbody>
</table>
Residence during Internship

Home ______ On-Campus ______ Within the USA, but not at home ______ Outside of USA _____

Address Information if Off-Campus

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

By signing below, I certify that I will not receive compensation, in any form, for this internship from any agency of the government of the United States of America.

Student - Print Name ___________________________ Student’s Signature ___________________________ Date __________

Approval Signatures:

Office of International Education (If internship is outside the continental USA)

Print Name ___________________________ Signature ___________________________ Date __________

Academic Advisor:

Print Name ___________________________ Signature ___________________________ Date __________

Department Internship Coordinator:

Print Name ___________________________ Signature ___________________________ Date __________

Faculty Sponsor of Internship:

Print Name ___________________________ Signature ___________________________ Date __________
Release of All Claims

I, the undersigned, hereby acknowledge that Grove City College, its employees, officers, agents and assigns, have offered me an opportunity for an off-campus internship. I understand that this off-campus internship is not required of me by Grove City College, that there are alternate on-campus programs which I could enjoy or for which I could meet all College requirements, but that I am interested in such an off-campus internship, and I am voluntarily agreeing to participate in the off-campus internship being offered by Grove City College.

By participating in the internship away from the campus of Grove City College, I recognize and affirm that I am assuming a greater independence and a greater responsibility for my welfare and that of others. I acknowledge and confirm that Grove City College has not investigated the internship from a safety standpoint and that I am voluntarily assuming any and all risk to myself or to others as a result of my participation in the said internship. I understand that Grove City College makes no representations or warrantees to me regarding the safety of the internship including, but not limited to, the following: travel arrangements, housing, lodging or other living conditions during the internship; application of local laws; transportation to or from any and all activities conducted within or outside the internship; related or unrelated social activities; and I understand that I will not receive supervision as to my safety or my whereabouts by anyone from Grove City College and that Grove City College, its employees, agents or officers, are not responsible to instruct me in any safety matters, nor are they responsible to provide for my safety or well-being and I voluntarily assume any and all risk and liability to myself or to others related to my travel, stay and participation in the internship or for any and all related or unrelated activities, social events or situations that may arise.

As a condition of participating in the internship, I hereby release, waive, discharge and covenant not to sue Grove City College, its officers, employees and agents, from any and all claims, demands, liabilities and causes of action whatsoever arising out of or related to any loss or damage to property, personal injury, death or breach of contract sustained by me or third parties arising out of any act of omission or commission, negligent or otherwise, committed during my travel, stay and participation in the internship or for any and all related or unrelated activities, social events or situations that may arise whether caused by the negligence of Grove City College, its officers, employees and agents or otherwise.

I also agree to assume all liability for and hereby agree to defend, indemnify and hold harmless Grove City College, its officers, employees and agents, from and against any and all losses for injuries to and death of myself arising out of, incident to or in connection with all acts of omission or commission, negligent or otherwise, committed during my travel to and from said internship, my participation in the internship or for any and all related or unrelated activities, social events or situations that my arise whether such acts of omission or commission, negligent or otherwise, were caused by myself or by Grove City College, its officers, employees and agents as well as to indemnify and hold harmless Grove City College, its officers, employees and agents from any and all reasonably incurred attorneys’ fees in the defense of any such action or the enforcement of the provisions of this paragraph of the Release Agreement.

I understand that the purpose of the internship is not to instruct me on nor provide for my safety nor is Grove City College, its officers, employees and agents, responsible to provide for my safety whatsoever including travel, housing and events related or unrelated to said internship or all risks connected therewith, whether foreseen or unforeseen and further I agree to indemnify and hold harmless Grove City College, its officers, employees and agents, from any and all losses, whether or not such losses are occasioned by or incident to or the result of acts of negligence or otherwise.
of Grove City College, its officers, employees and agents as well as to indemnify and hold harmless Grove City College, its officers, employees and agents from any and all reasonably incurred attorneys' fees in the defense of any such action or the enforcement of the provisions of this paragraph of the Release Agreement.

I further state that I am of lawful age and legally competent to sign this affirmation and release, that I understand the terms herein are contractual and not a mere recital, and that I have signed this document as my own free act. I acknowledge that no oral representations, statements or inducements apart from this written agreement have been made to me.

I understand that I am solely responsible for securing health, accident or other insurance coverage during the term of my participation in the internship. I further acknowledge that in the event of an emergency, I would request that the individuals named below be contacted on my behalf: [please print clearly]

| Name ______________________________ | Name ______________________________ |
| Address ____________________________ | Address ____________________________ |
| Home Phone ________________________ | Home Phone ________________________ |
| Work Phone ________________________ | Work Phone ________________________ |

I understand that, if contacted, the College will provide these names and numbers to the inquiring health care provider. I understand that the College will not authorize medical, mental or surgical care or hospitalization for me.

Regardless of where the acts of omission or commission may occur, or where the injury to myself or to others may occur, I hereby agree that this Release shall be governed and controlled and interpreted under the laws of the Commonwealth of Pennsylvania.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY BETWEEN MYSELF AND GROVE CITY COLLEGE, ITS OFFICERS, EMPLOYEES AND AGENTS.

It is my express intent that this release and hold harmless agreement shall bind myself, my personal representative, heirs and assigns.

IN WITNESS WHEREOF, AND INTENDING TO BE LEGALLY BOUND, I execute this Release this ______ day of _______________, in the year ________.

<table>
<thead>
<tr>
<th>Witness - Print name</th>
<th>Student - Print name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness - Signature</td>
<td>Student – Signature</td>
</tr>
</tbody>
</table>
Parental / Guardian Joinder and Consent

Student Name ______________________________________________________

We, the undersigned, the lawful parent and/or guardian of the above-named student, hereby acknowledge having read the Release of All Claims completed by our son/daughter. We agree to all terms, conditions and representations set forth therein and understand that our son/daughter is voluntarily assuming any and all risks and liability for his/her safety and well-being.

As a condition of his/her participation in the internship program, we hereby release, waive, discharge and covenant not to sue Grove City College, its officers, employees and agents, from any and all claims, demands, liabilities and causes of action whatsoever arising out of or related to any loss or damage to property, personal injury, death or breach of contract sustained by our son/daughter or by the undersigned as parents/guardians of our son/daughter, arising out of any act of omission or commission, negligent or otherwise, committed during the travel, stay and participation in the internship or for any and all related or unrelated activities, social events or situations that may arise as a result of our son/daughter's participation in said internship whether caused by the negligence of Grove City College, its officers, employees and agents or otherwise.

We also agree to defend, indemnify and hold harmless Grove City College, its officers, employees and agents, from and against any and all losses for injuries to and death of the student arising out of, incident to or in connection with, all acts of omission or commission, negligent or otherwise, committed during our son/daughter's travel to and from said internship, his/her participation in the internship or for any and all related or unrelated activities, social events or situations that may arise whether such acts of omission or commission, negligent or otherwise, were caused by our son/daughter or by Grove City College, its officers, employees and agents as well as to indemnify and hold harmless Grove City College, its officers, employees and agents from any and all reasonably incurred attorneys' fees in the defense of any such action or the enforcement of the provisions of this paragraph of the Parental Joinder and Consent Agreement.

Regardless of where the acts of omission or commission may occur, or where the injury to our son/daughter or to others may occur, we hereby agree that this Release shall be governed and controlled and interpreted under the laws of the Commonwealth of Pennsylvania.

WE HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. WE ARE AWARE THAT THIS IS A RELEASE OF LIABILITY BETWEEN OURSELVES AND GROVE CITY COLLEGE, ITS OFFICERS, EMPLOYEES AND AGENTS.

It is our express intent that this release and hold harmless agreement shall bind ourselves, our personal representatives, heirs and assigns.

IN WITNESS WHEREOF, AND INTENDING TO BE LEGALLY BOUND, we execute this Release this ______ day of __________________, in the year ________.

___________________________________ ___________________________________
Witness - Print then sign Legal Parent / Guardian - Print then sign

___________________________________ ___________________________________
Witness - Print then sign Legal Parent / Guardian - Print then sign