School of Integrative Studies George Mason University INTS 490 INTERNSHIP APPLICATION

Please email a <u>LEGIBLE PDF copy</u> of this completed application packet to: Sara Montiel, <u>smontiel@gmu.edu</u>. Pictures, JPG, PNG and all other photo images will not be accepted.

Student MUST return application packet prior to the semester deadline set by the Internship Coordinator. See internship website on integrative.gmu.edu for deadline information.

| Student | Inform | ation (| print | clearly) |) |
|----------|--------|-----------|-------|----------|---|
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|-------------------|-------|-----------|---|----|----|----|----|--|
| Student Name: | | G Number: | | | | | | |
| | | | | | | | | |
| Address: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Mobile Phone: | | Masonlive | | | | | | |
| | | Email: | | | | | | |
| SIS Concentration | | Class | F | ₹R | SO | JR | SR | |
| or GMU Major: | | Standing: | | | | | | |
| 01 01110 1114 011 | | | | | | | | |

Internship Information

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|-------------------------------|-----------|---------|--------|
| Agency Name: | | | |
| Agency Address: | | | |
| Agency Contact: | | | |
| Type of Work: | | | |
| Internship Mode: (circle one) | In-Person | Virtual | Hybrid |
| Semester and | | | |
| Year of | | | |
| Enrollment: | | | |

Credit Hours/On-site Hours (must be a ratio of 45 on-site hours per credit hour). Circle corresponding hours below:

| On-site | 45 | 90 | 135 | 180 | 225 | 270 |
|---------|----|----|-----|-----|-----|-----|
| Hours | | | | | | |
| Credit | 1 | 2 | 3 | 4 | 5 | 6 |
| Hours | | | | | | |

How did you learn about this internship?

The following documents are attached and are incorporated herein by reference:

- 1. Attachment A: Internship Contract
- 2. Attachment B: General Terms and Conditions (NOT applicable for GMU departments/units)
- 3. Attachment C: Student Participation Consent Agreement
- 4. Attachment D: COVID-19 Student Responsibilities
- 5. Attachment E: COVID-19 Site Guidelines

School of Integrative Studies George Mason University INTERNSHIP CONTRACT ATTACHMENT A

| Student Name: | Previous YES, semester/year: |
|---|--|
| | credit for INTS 490? NO, this is my first attempt |
| Agency Name: | 1115 420: 110, this is my first attempt |
| Agency Mailing Address: | |
| Agency Contact: | Position/Title: |
| Phone: | Contact Email: |
| Agency Website: | Eman. |
| □ A brief paragraph discussing what you winternship (no more than 1 page). □ Any information you have about the org □ If this internship is at a previous or currework is significantly different from prev | ies (according to Guide; 1 objective and set of strategies per 1 credit). vill be doing at the internship site and the reasons for wanting this anization or the internship program. ent place of employment: 1) please explain how your proposed internship ious and/or current employment activities and responsibilities and 2) supervisor indicating how your responsibilities will be significantly current employment. Y: If Hybrid: Expected |
| V DI G VIII I | Remote Hours |
| List Platforms Utilized for Remote Work: | |
| List Methods of Supervision and Communication: Frequency of Intentional Supervisor Check-Ins: | |
| to the host agency and meet the student's edu- | jectives, activities, and hours listed on Contract page are acceptable cational goals. Furthermore, students who are relieved of their formance may incur a failing grade and not receive credits. |
| Student Signature: | Date: |
| Agency Supervisor: | Date: |
| SIS Internship Coordinator: | Date: |

EXPERIENTIAL LEARNING AGREEMENT ATTACHMENT B GENERAL TERMS AND CONDITIONS NOT APPLICABLE FOR GMU DEPARTMENTS/UNITS

| THIS AGREEMENT ("Agreement"), is by and among [S | tudent's Name] | | ······································ |
|--|----------------------------|-------------------|--|
| hereinafter "Student," [Agency Contact's Name] | | _, hereinafter "A | gency," and George Mason |
| University, an educational institution and agency of the Co. | mmonwealth of Virginia, | hereinafter "Uni | versity" or "Mason." The Terr |
| of this Agreement shall extend from the day of | , 20 to the | day of | , 20 (Please note |
| Internship must end on or before the last day of classes for | the semester in which stud | dent is enrolled. | See university calendar under |
| registrar.gmu.edu for correct date.) | | | |

1. Definitions.

- a. "ELP" or Experiential Learning Program means a structured hands-on training learning experience at Site (internship/externship/practicum) for the benefit of the Student, in which Student performs work under the supervision of the Site Supervisor for which the student will receive academic credit upon successful completion.
- b. "Site Supervisor" means a Site employee, agent, or volunteer, who is responsible for monitoring and supervising the Student throughout the ELP.
- "Faculty Supervisor" means a University faculty member who places and monitors the Student in the ELP.
- 2. **Termination.** The Site or the University may terminate this Agreement at any time without cause, provided that any student currently engaged in the ELP shall be given the opportunity to complete it, if possible.

3. Site Responsibilities.

- a. *Site Supervisor*. Site shall provide Student with a Site Supervisor. The Site Supervisor shall monitor and supervise the Student throughout the ELP.
- b. *Insurance*. Site shall maintain in force during the Term of this Agreement, general and professional liability insurance, insuring Site and its agents and employees for their acts, failures to act or negligence, in an amount not less than \$1,000,000 for each occurrence and \$2,000,000 aggregate. Site agrees to advise the University of any changes in this insurance coverage. Site will provide University a Certificate of Insurance ten (10) days prior to the start of performance of this Agreement. Continued evidence of insurance shall be provided upon replacement of coverage and at least 15 days prior to each renewal until no longer required by this Agreement.
- c. *Compliance with Laws*. The Site shall at all times remain in compliance with all Federal and State laws and regulations, which may affect the ELP.
- d. Orientation. Site shall orient both Faculty Supervisor and Student to the Site's rules, policies, regulations and procedures.
- e. *Performance Evaluation*. Upon request, Site shall assist the University in the evaluation of the Student's ELP participation, learning and performance.
- f. Disclosure of Known Risks. The Site shall disclose to Student known risks associated with Student's participation in the ELP.

4. University Responsibilities.

- a. University will assign to Site only those Students who successfully complete any necessary prerequisite courses.
- b. University will assign a Faculty Supervisor to monitor the Student throughout the ELP.
- c. The University is responsible to the Student for academic supervision and grading.
- d. Insurance. The University is an agency of the Commonwealth of Virginia and is self-insured by the Commonwealth of Virginia Risk Management Plan for all claims up to the maximum provided by the Code of Virginia. The University, its agents, Students (while participating within the authorized scope of a clinical, internship, externship, or other ELP in order to meet pedagogical requirements), and employees are covered to the extent provided in the Plan. This insurance does not cover the operation of Agency vehicles. The University will provide a Certificate of Insurance upon request.

5. Student Responsibilities.

- a. Registration. Student must register and pay tuition for the University course prior to the commencement of the ELP.
- b. *Insurance*. Student shall at all times maintain sufficient health, accident, and hospitalization insurance for the duration of the ELP. Student is responsible for any expenses incurred due to injury, illness or damage suffered during the course of the ELP.
- c. University Honor Code, Code of Student Conduct, Catalog and Policies. Student understands and agrees that Student and ELP activities are at all times bound and subject to the George Mason University Honor Code, Code of Student Conduct, Catalog and Polices.
- d. Consent Form. Student agrees to sign the consent agreement attached as Attachment C.
- e. *Disclosure of Known Risks*. Student shall ensure that Site discloses to Student and Student is aware of known risks associated with participation in the ELP.

6. General

- a. *Independent Contractors*. The relationship of the Parties to each other is solely that of independent contractors. No party shall be considered an employee, agent, partner or fiduciary of the other except for such purposes as may be specifically provided in this Agreement. Nothing in this Agreement shall be construed to create any partnership or joint venture between the Parties.
- b. *No Employment or Compensation*. No Student will be considered an employee of either the University or the Site as a result of participation in the ELP and the Student shall not displace any of Site's regular employees. In addition, the Parties understand and agree that Students will not be entitled to compensation for their participation in the ELP or be entitled to a job at the conclusion of the ELP.
- c. Liability. To the extent provided by the laws of the Commonwealth of Virginia, the University shall be responsible for the ordinary negligent acts or omissions of its agents and employees causing harm to persons not a party to this Agreement. Site agrees that it shall be responsible for the ordinary negligent acts or omissions of its agents and employees causing harm to persons not a party to this Agreement. Nothing herein shall be deemed a waiver of the sovereign immunity of the Commonwealth of Virginia or require the University to indemnify, defend, or hold harmless Site for claims brought against Site.
- d. Nondiscrimination. The Parties agree not discriminate on any basis prohibited under state or federal law or University policy.
- e. *Confidential Information*. Neither party shall disclose or use any information of a private, confidential or proprietary nature, or any other trade secret, without prior written authorization, except as required by law. The Parties shall also advise Students regarding the confidentiality of records and Site may request a Student sign a confidentiality agreement provided by the Site prior to participation in the ELP.
- f. FERPA. All student data shall be considered to be confidential and any release of information shall be in compliance with the Family Educational Rights and Privacy Act ("FERPA") (20 U.S.C. §1232g; 34 CFR Part 99) and Code of Virginia § 23.1-405(C). Site and its employees shall be considered a "school official" with "legitimate educational interests" University education records, as those terms have been defined under FERPA and its implementing regulations, of any student participating in the ELP, to the extent those records are necessary for the student's participation in the ELP. Site and its employees agree to abide by the limitations and requirements imposed on school officials, only use the education records for the purposes related to the student's participation in the ELP, and not share such data with or disclose it to any third party except as required by law, or authorized in writing by the University.
- g. *Federal Employee*. As required by some U.S. Government agencies, Student is not to be considered a federal employee for any purpose other than either of the following:
 - (i) The Federal Tort Claims provisions published in 28 U.S.C. 2671-2680. Claims arising as a result of student participation should be referred to the Department of Justice.
 - (ii) Title 5 U.S.C. Chapter 81, relative to compensation for injuries sustained during the performance of work assignments. Claims related to injuries should be referred to the Office of Workers' Compensation Programs, U.S. Department of Labor for adjudication.
- h. *Amendment to Agreement*. No amendment or modification of this Agreement shall be valid unless in writing and executed by authorized representatives of the Parties.
- i. Applicable Laws. This Agreement shall be construed, governed and interpreted pursuant to the laws of the Commonwealth of Virginia. If any provision or part of this Agreement is held to be invalid under such laws, the other provisions or parts of this Agreement will remain in full force and effect. All disputes arising under this contract shall be brought before a court of competent jurisdiction in the Commonwealth of Virginia.
- j. *No Assignment*. Neither party shall assign or otherwise transfer its rights or delegate its obligations under this Agreement without the Parties' prior written consent. Any attempted assignment, transfer, or delegation without such consent is void. All of the terms and provisions of this Agreement are binding upon and inure to the benefit of the Parties and their successors and assigns.
- k. *Force Majeure*. Neither party shall be responsible for any delay or failure in performance resulting from any cause beyond its control, including, without limitation, war, terrorism, strikes, civil disturbances, national or regional health emergencies (including outbreaks, epidemics, and pandemics, regardless of whether such health emergency existed as of the Effective Date of this Agreement), and acts of God.
- 1. *Final Agreement*. This Agreement and attachments constitute the entire understanding of the Parties and supersedes all prior oral or written agreements with respect to the subject matter herein.
- m. *Advertising*. Site shall not use, in its external advertising, marketing programs or promotional efforts, any trademark, mark, data, pictures or other representation of the University except on the specific written authorization in advance by the University.

| Initials: Student | Site | GMU | |
|-------------------|------|-----|--|
| | | | |

School of Integrative Studies George Mason University EXPERIENTIAL LEARNING AGREEMENT ATTACHMENT C INTERNSHIP STUDENT PARTICIPATION CONSENT AGREEMENT

This Agreement is designed to protect all participants in George Mason University's experiential learning program ("**ELP**") (i.e. internships/externships/practicums/volunteer programs/field trips), including without limitation, students, faculty, staff, George Mason University and the agencies and individuals cooperating with the University. The student must sign this Agreement, with parental or guardian approval if the student is under the age of 18, to indicate agreement with the terms and conditions of the Agreement and permission to participate in the designated ELP.

| Name: | Student ID: |
|---|---|
| injury, bodily injury, and death. I agree that in parents, guardians, and legal representatives) Mason University, and their employees, age claims, demands rights or causes of action, prothe ELP. I understand that this Agreement di with respect to any bodily injury, personal injury the ELP. I understand and acknowledge that | es some element of risk, including, without limitation, property damage or loss, personal onsideration of the opportunity afforded to me to participate in the ELP, I (including my hereby release, indemnify, and hold harmless the Commonwealth of Virginia, George successors, and assigns (collectively the "University") from liability for any and all ent or future, resulting from, arising out of, or related to in any way, my participation in arges the University from any liability or claim that I may have against the University, illness, death, property loss, or property damage that may result from my participation of tential risks to my health and personal property may be associated with my participation and guarantee my safety, however, I am voluntarily assuming those risks. |
| | sation (e.g. salary or wage) for my participation in the ELP or from the Site, and that I t my participation in the ELP does not entitle me to a paid job with Site at the conclusion |
| that it is my responsibility to obtain, maintain result in disciplinary action, including withou I am certifying that I have obtained such req | tion in the ELP, I am required to have health insurance coverage. I further understanded pay for such insurance while participating in the ELP, and any failure to do so may mitation, loss of academic credit, suspension or permanent dismissal. By signing below, and insurance. In addition, regardless of my insurance coverage, I understand that I am reatment related expenses that I may incur while participating in the ELP. |
| I HAVE READ AND UNDERSTAND THE MY SIGNATURE BELOW. | SOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY |
| Signature of Participant | Date |
| Printed Name of Participant | Semester/Academic Year |
| Signature of Parent or Guardian (If Student is under the age of 18) | |

EXPERIENTIAL LEARNING AGREEMENT ATTACHMENT D COVID-19 STUDENT RESPONSIBILITIES

The following outlines Student responsibilities to ensure Student fully understands the risks of participating in experiential learning program ("ELP") while the COVID-19 pandemic is prevalent, how Students can protect themselves, the precautions the University has implemented, and the Student's responsibilities in limiting the spread of this disease. COVID-19 is a virus that can cause mild or serious illness, bodily harm, other serious health consequences, or death.

Student confirms that Student understands the following key points:

By participating in an ELP, I may be around people who have the COVID-19 virus, and there is a risk that I may be exposed to or contract the virus. I understand a person may be carrying the virus with no visible signs or symptoms. My responsibilities while participating in an ELP for credit at George Mason University (the "University") include, without limitation:

- 1. Following the guidelines and policies of the Site
- 2. Following University policies
- 3. Washing hands frequently throughout the day
- 4. Wearing a face covering
- 5. Physical (social) distancing
- 6. Self-reporting any concerning signs of illness and/or positive COVID-19 test results
- 7. Taking quarantine precautions if exposure to COVID-19 is known or suspected

While there is no guarantee that I or others will not become infected with the COVID-19 virus, I pledge to follow the University's public health and safety precautions to help reduce the risk for myself and for others, including:

- 1. Stay healthy get adequate rest, maintain a healthy diet, and exercise
- 2. Wear a mask wear a face covering as required by the University face covering policy (Policy 1415), state and local rules, and the policies of the Site
- 3. Practice social distancing maintain at least 6 ft of distance between self and others whenever possible
- 4. Exercise good personal hygiene wash hands frequently throughout the day, avoid touching nose, mouth, or eyes, and keep work, study, and living areas clean
- 5. Stay home if I feel sick, avoid public locations and gatherings but seek medical attention if necessary
- 6. Report illness. Use the student survey found on the University Safe Return Plan webpage
- 7. Clean and disinfect personal spaces. Share the responsibility for cleaning and disinfecting personal spaces by keeping my workstation clean.
- 8. Contact the University AND the Site Supervisor if I become ill or are instructed to remain out of work due to a suspected COVID-19 exposure.

Please note, Students maintain the option to postpone any in-person educational experience – testing or instruction-related – to a later point in time and not be subject to academic penalty for selecting such option. Students should seek the guidance of their program/college for any impacts and alternatives of opting out of experiential learning requirements.

Students who have a disability that may prohibit the use of face coverings or that require other accommodations should contact Disability Services (ods@gmu.edu or 703-993-2474) to discuss possible accommodations.

For more details about the University's plans and precautions for participating in campus activities, please see the Safe Return to Campus plan webpage: https://www2.gmu.edu/Safe-Return-Campus. Thank you for doing your part to keep the Mason Nation healthy!

| Initials: Student | Site | GMU |
|-------------------|------|-----|
| | | |

EXPERIENTIAL LEARNING AGREEMENT ATTACHMENT E COVID-19 -SITE GUIDELINES

For Students to remain safe while engaging in an experiential learning program ("ELP"), and to protect the health of the University community, the University has issued a set of guidelines for in-person interactions based on the most updated guidance from the Centers for Disease Control and Prevention (CDC) and Virginia Department of Health (VHD). For the safety of University Students, the University asks the participating site ("Site") to abide by these guidelines.

Additionally, to protect the health of the University community, before a student can participate in an ELP with the Site, the Site must confirm by initialing below that the Site is in compliance with all applicable federal, state, and local laws, regulations, rules, guidance, or executive orders pertaining to COVID-19, including but not limited to for organizations located in Virginia 16VAC25-220, the Emergency Temporary Standard Infectious Disease Prevention: SARS-CoV-2 Virus That Causes COVID-19.

Students have been advised that while participating in an ELP, the Student's responsibilities include, but are not limited to:

- Washing hands frequently throughout the day
- o Wearing a face covering
- o Physical (social) distancing
- o Self-reporting any concerning signs of illness and/or positive COVID-19 test results
- o Taking quarantine precautions if exposure to COVID-19 is known or suspected
- o Following partner-site recommended guidelines and policies

For more details about the University's plans and precautions, please see the Safe Return to Campus plan webpage: https://www2.gmu.edu/Safe-Return-Campus. Thank you for doing your part to keep the Mason Nation healthy!

If a student is sick:

If a student is or becomes ill during their ELP at the Site, the student should be sent home and the instructor notified. The University has provided Students with guidelines to follow including obtaining an assessment through the University Student Health Services or their health care provider, COVID testing if applicable, and quarantine or isolation as warranted. The University is assisting the Virginia Department of Health (VDH) and local health departments with their contact tracing procedures as needed and requested. To protect individual privacy, partner site must keep confidential any identifying information that they may have about suspected or confirmed cases involving University Students or faculty.

| Initials: Student | Site | GMU | |
|-------------------|------|-----|--|

School of Integrative Studies George Mason University Internship Application Checklist

(to be submitted with application packet)

| ITEM TO DO/TASK | СНЕСК |
|--|-------|
| | |
| You selected the number of hours and credits you wish to take. | |
| | |
| All required sheets are filled out completely (no blanks are left) | |
| | |
| You provided a GMU (not personal) email address on application | |
| | |
| You AND your agency supervisor signed and dated the Internship Contract | |
| | |
| You AND your agency supervisor filled out, signed, and dated the Experiential Learning Agreement | |
| regreement | |
| W CH I A I I I I I I I I I I I I I I I I I | |
| You filled out and signed the Experiential Learning Consent Agreement (regardless of whether you are 18 or older) | |
| | |
| You turned in a set of learning objectives and strategies for EACH credit hour you intend to pursue for internship and followed the <u>learning objective strategies template</u> | |
| | |
| You wrote a brief paragraph, for each learning objective, discussing what you will be doing at the site | |
| at the site | |
| Was and the Laurine ship disease of the Latency him instance of a Latency him in the same of the Latency him is a same of the Latency him in the same of the Latency him in the same of the Latency him is a same of the Latency him in the same of the Latency him is a same of the Latency him in the same of the Latency him is a same of th | |
| You sent the learning objectives to the Internship instructor listed on Patriot Web | |
| | |

| **Failure to complete this checklist and/or submitting an incomplete internship packet will result in a processing and registration delay. |
|--|
| Student Signature: |

School of Integrative Studies George Mason University INTERNSHIP SITE ASSESSMENT (Do NOT submit until completion of internship)

Please email this completed form to your internship professor. This information will not be shared with the site without your prior approval.

| Student Name: | G Number: | | | | | | |
|--|---|---|---|---|---|---|-----|
| Agency Name: | | | | | | | |
| Agency Contact Person: | | | | | | | |
| Type of Work: | | | | | | | |
| Please rate your internship si | te using the scale: $5 = $ excellent and $1 = $ poor. | | | | | | |
| 1. Effectiveness of on-site in | nternship supervisor. | | | | | | |
| Comments: | | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. My on-site internship sup | pervisor gave me sufficient guidance/feedback. | | | | | | |
| Comments: | | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. I was treated appropriatel | y. | | | | | | |
| Comments: | | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. This internship complemented my curriculum and/or career goals. | | | | | | | |
| Comments: | | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. I would recommend this i | internship to a friend. | | | | | | |

Comments:

4 3 2 1 N/A