

**Internship and Field Study Site Agreement Form:
Health, Physical Education, Recreation & Coaching
HPERC Department, College of Education and Professional Studies
University of Wisconsin - Whitewater
(Page 1 of 4)**

Student Information

Student: _____ ID#: _____ Phone #: _____

Email Address: _____

Supervisor & Agency Information

Supervisor's Name: _____ Supervisor's Title: _____

Supervisor's Educational Degree & Institution (Bachelor's required): _____

Supervisor's Length of Service in their Field (2yr minimum required): _____

Supervisor's Email: _____ Supervisor's Phone #: _____

Name of Internship Agency: _____

Agency Address: _____ City: _____ Zip: _____

Internship Schedule

Start Date: _____ End Date: _____ Salary: _____

Hours per week: _____ # Weeks: _____ Total Hours: _____

Course Name/Number: _____ # Credits: _____

(Spring Semester Internships: Work Spring Break OR Off Spring Break)

Internship Duties (provide below or attach a job description sheet)

1. _____

2. _____

3. _____

- 4. _____

- 5. _____

- 6. _____

The Student hereby agrees to complete a criminal background check and gives the Internship Coordinator permission to collect and share the student's background check results with the Agency named above.

Student Signature: _____ **Date:** _____

This Agency hereby accepts the above named student as a student trainee and/or employee for the time indicated and under the Internship plan listed above.

Agency Representative Signature: _____ **Date:** _____

The University hereby accepts the above named student as a student trainee and/or employee at the agency stated above and agrees with the terms listed above.

University Internship Coordinator's Signature: _____ **Date:** _____

**AGREEMENT BETWEEN THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN
SYSTEM ON BEHALF OF THE UNIVERSITY OF WISCONSIN-WHITewater AND FOR THE
CONDUCT OF AN INTERNSHIP EDUCATION PROGRAM
(Page 3 of 4)**

This agreement is between the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin-Whitewater (hereinafter referred to as "University") and _____ (hereinafter referred to as "Facility").

In consideration of the mutual benefits of the respective parties, any and all departments of the University wishing to enter into a clinical education program with the Facility, and the Facility agree to the terms set forth below.

THE UNIVERSITY AGREES:

1. To recognize within the extent and limitations of Secs. 895.46(1) and 893.82, Wis. Stats., that the State will pay judgments for damages and costs against its officers, employees and agents arising out of their activities while within the scope of their assigned responsibility in the program at the Facility.

THE FACILITY AGREES:

1. To review any program memorandum concerning any clinical education or internship placement program which is submitted by a school or college of the University of Wisconsin-Whitewater. Upon review, the Facility will notify the school or college of its acceptance or rejection of the academic program proposal.
2. Not to accept students as participants unless the student is certified as a program participant in writing by the appropriate internship work coordinator of a particular University school or college.

THE UNIVERSITY AND THE FACILITY JOINTLY AGREE:

1. That there shall be no discrimination against students on the basis of the students' race, color, creed, religion, sex, national origin, disability, ancestry, age, sexual orientation, pregnancy, marital status or parental status.
2. That the State will indemnify University employees, officers, and agents (students in training required for credit program and/or for graduation) against liability for damages arising out of their activity while acting within the scope of their respective employment or agency, pursuant or Secs. 895.46(1) AND 893.82, Stats.
3. That the Facility will indemnify its employees, officers and agents against liability for damages arising out of their activity while acting within the scope of their employment or agency, either by providing insurance or for political subdivisions of the State of Wisconsin pursuant to Sec. 895.46, Stats.
4. By executing this agreement neither the University nor the Facility waives any constitutional, statutory or common law defenses nor shall the provisions of agreement create any rights in any third party.
5. This agreement shall be construed and governed by the laws of the State of Wisconsin.

TERMS OR AGREEMENT:

This agreement shall be for the term as specified on page 1 of this agreement. It may be terminated solely by written notice, two weeks in advance, by either party to the designated agent of the other.

Program Memoranda presented by the University and accepted by the Facility shall be for a term of no longer than one year. They may be renewed upon mutual agreement. Such program Memoranda do not require the further approval of either party provided they contain provisions relating solely to program arrangements and content.

All such Program Memoranda must be approved by the respective school or college within the University. Such Memoranda shall be effective for a period of one year.

All fully executed Program Memoranda shall be incorporated by reference and become a part of this agreement if not inconsistent in any manner with this agreement.

**FOR THE BOARD OR REGENTS OF THE
UNIVERSITY OF WISCONSIN SYSTEM**

FOR THE FACILITY

Signature of Authorized Official Date

Signature of Authorized Official Date

Andrea Ednie, HPERC Internships Coordinator
(Name and Title)

(Name and Title)