



CAREER SERVICES

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TTY & VOICE RELAY 711

INTERNSHIP LIABILITY FORM

I, _____,

SS# _____, Student ID# _____

am a student at Ocean County College and plan to voluntarily undertake an internship during the _____ semester, 20__, at the following location:

Internship Organization _____

Address _____

I understand that my internship will be with a third party, unaffiliated with Ocean County College. Ocean County College does not control the way in which the internship work experience and the internship site are structured or operate. Ocean County College makes no assurances, expressed or implied, about the safety or appropriateness of the internship or of any travel and living arrangements the student has made.

I understand that any internship or travel carries with it potential hazards which are beyond the control of Ocean County College and its agents or employees.

I understand that Ocean County College reserves the right to cancel my internship program or make other changes or substitutions to this program in cases of emergency or changed conditions or in the internship program's general interest.

I understand that Ocean County College may take any actions it considers to be warranted under the circumstances to protect my health and safety and/or guard the integrity of the internship program or Ocean County College, including termination of the internship experience.

No Employment Relationship

I understand that I am not an employee or agent of Ocean County College and that nothing contained herein or in any other materials related to my internship creates an employment relationship between myself and Ocean County College. I understand that my internship is for my own benefit, not Ocean County College's benefit. I acknowledge that Ocean County College does not control my work experience, the hours worked, or the type of work performed.

Insurance Coverage

I have sufficient health, accident, disability, and hospitalization insurance to cover me during my internship; I further understand that I am responsible for the costs of such insurance and for the expenses not covered by this insurance, and I recognize that Ocean County College does not provide such insurance and does not have an obligation to provide me with such insurance.

I assume full responsibility for any physical or emotional problems that might impair my ability to complete the experience. I release Ocean County College from any liability for injury to myself or damage to or loss of my possessions.

I understand that if I use my personal vehicle for the benefit of the agency with which I perform my internship, Ocean County College has no liability for personal injury or property damage which may result from that use. I agree to rely solely on my personal vehicle insurance coverage and on any insurance coverage provided by my internship agency.

I understand that I am not an employee of Ocean County College and that I will not be entitled to unemployment compensation benefits upon completing my internship. Further, I understand that Ocean County College assumes no liability for personal injury that I may suffer in the course of my internship, and I agree to be responsible for ascertaining whether my internship agency provides workers compensation coverage for me.

I acknowledge that any liability insurance requirement is a matter to be negotiated between my internship agency and me.

I understand that most sites' liability insurance programs do not include coverage for student interns. In such cases, if my negligence or intentional acts or omissions injure a third party or a third party's property, I would have to defend (and pay, if the claim was sustained) the claim myself.

Personal Conduct

I understand that the responsibilities and circumstances of an off-campus internship may require a standard of professional decorum. Therefore, I indicate my willingness to understand and conform to the professional standards of the internship site. I further understand that it is vital to the success of the current internship and the continuance of future internships that interns observe standards of conduct that would not compromise Ocean County College in the eyes of the individuals and organizations with which it has dealings. I acknowledge Ocean County College's responsibility for setting rules and interpreting conduct for this purpose. I agree that should Ocean County College decide that I must be terminated from my internship because of conduct that might bring the program into disrepute, or the internship into jeopardy, that decision will be final. I understand that my inappropriate or unprofessional conduct during my internship may be a basis for discipline under the Ocean County College student handbook. I further understand that no alcohol or illegal drugs or substances may be used or be present in my bloodstream during internship activities. I acknowledge that my failure to adhere to the terms of this agreement constitutes grounds for immediate dismissal from participation in internship activities at the discretion of the intern program Administrator or the Dean.

Access to Confidential Material

Professionals in many fields are obligated to maintain confidentiality between themselves and their clients or patients. I understand that I may not use specific names in any reflection on my experience without their explicit written permission. I understand that, during my internship, I may come into possession of certain information, including information communicated to me orally, obtained through observation, or contained in documents or data files to which I may have privileged access. I agree not to make any unauthorized disclosure of this confidential information, except as may be required by applicable law. However, I understand that I may be required under the laws of New Jersey to report certain information, including expressions of suicidal ideation, homicidal ideation, and suspected child abuse and neglect.

General Release and Assumption of Risk

It is expressly agreed that I shall undertake the internship and use of any and all facilities at the internship site at my sole risk. I am aware that risks to my personal safety may exist, all of which are beyond the control of Ocean County College. I expressly assume the responsibility of educating myself on the risks that I may be exposed to while in service at the internship. I expressly assume all such risks, both known and unknown. I waive, hereby release, and promise to hold harmless and indemnify Ocean County College, its directors, officers, board members, employees, advisors, and agents of and from any and all liability, causes of action, claims, or damages arising out of or related to any loss, damage, bodily or mental harm, or injury sustained by any person (including myself) or illness (including, but not limited to, death) as a direct or indirect result of my participation in the internship, including at any time throughout the internship, including all travel to and from the destination city and internship site as well as during the time prior to my departure or following my return. I agree that this release is intended to be as broad and inclusive as permitted by law and that if any part thereof is held to be invalid, the balance of the release shall continue in full force and effect.

Health Hazard

The internship site must notify Ocean County College of any exposure to a student of a health hazard while performing the internship. Ocean County College does not knowingly approve internship opportunities which pose undue risks to its participants. However, any internship or travel carries with it potential hazards which are beyond the control of the College and its agents or employees.

Internship Harassment and Discrimination Policy

I have read and understand the attached Internship Harassment and Discrimination Policy.

Governing Law

The laws of the State of New Jersey shall govern the internship agreement.

I have read and understand the foregoing and sign this as an act of my own free will, without coercion or duress.

Student's name _____

Student's signature _____

If under 18 years of age, Parent/Guardian Signature required.

Parent/Guardian's name _____

Parent/Guardian's signature _____