

**INTERNSHIPS & SERVICE-LEARNING
STUDENT CONSENT FORM**

SECTION I: PERSONAL DATA

Date: _____ **Semester:** _____
Last Name: _____ **First Name:** _____ **Middle Initial:** _____
Student ID #: _____

SECTION II: COURSE INFORMATION

Course Title: _____ **Faculty Name:** _____
Course 5 Digit ID _____ **Number of hours required** _____

SECTION III: ORGANIZATION INFORMATION

Company/Organization: _____
Supervisor Name: _____
Address: _____ **City:** _____ **Zip:** . _____
Phone: _____ **Email:** _____
Position Title: _____

SECTION IV: EMERGENCY CONTACT INFORMATION

Name: _____ **Relation:** _____
Telephone Number-day: (____) _____ **Telephone Number Cell: (____)** _____
Name: _____ **Relation:** _____
Telephone Number-day: (____) _____ **Telephone Number Cell: (____)** _____

SECTION V: PARTICIPATION CONSENT FORM

PLEASE READ CAREFULLY

1. I agree to participate in a responsible manner at the Learning Activity Site and to abide by all rules and regulations governing my learning activity. I understand and acknowledge that I am not permitted to drive a vehicle as part of my learning activity and that doing so would terminate the University's consent to this learning activity.
2. I agree to devote _____ hours per week at the Learning Activity Site for a total of _____ hours, effective from _____ to _____. I agree to complete any forms, evaluations or other paperwork required by either the course or the site supervisor as it relates to the learning activity.
3. I understand and acknowledge the connection between my class activities and the experiential learning objectives to be fulfilled at the Learning Activity Site.
4. I am voluntarily participating in this learning activity. I understand and acknowledge that I may take back my consent and stop taking part at any time. I agree to contact the University at (714) 278-3746 if I believe my rights have been or may be violated.
5. I understand and acknowledge that there are risks associated with this learning activity, some of which may arise from (a) the location of the learning activity, (b) the amount and type of criminal activity at or near the location of the learning activity, (c) the hours when I will be present at the Learning Activity Site, (d) the educational, criminal, mental and social backgrounds of the individuals I will be working with or serving, (e) my assigned tasks and responsibilities and (f) the amount of supervision I will receive. I further understand and acknowledge that my safety and well being are primarily dependent upon my taking proper care of myself.
6. I have discussed the risks associated with this learning activity with my site supervisor at the Learning Activity Site. Being aware of the reasonably foreseeable risks inherent in this learning activity, I nonetheless voluntarily choose to attend and participate in this learning activity, and I assume all risks of physical injury, accident, or death, and any property loss of any kind which may occur before, during, or after my participation in any aspect of this learning activity, including travel to and from the Learning Activity Site.
7. I agree that, while participating in this learning activity, I will not (a) report to the Learning Activity Site under the influence of drugs or alcohol.; (b) give or loan money or other personal belongings to a client; (c) make promises or commitments to a client I cannot keep; (d) tolerate any verbal exchange of a harassing nature, or engage in behavior that might be perceived as harassment with a client or Learning Activity Site representative; (e) tolerate any verbal exchange or engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, mental capacity, or ethnicity; (f) engage in any type of business with clients during the term of my placement; or (g) enter into personal relationships with a client or Learning Activity Site representative during the term of my placement.
8. I am in good health and able to participate in this learning activity. If I need emergency medical treatment, and my emergency contact cannot be reached for whatever reason, I consent to any medical/hospital care or treatment rendered upon the advice of any licensed medical personnel. I agree to be responsible for any costs incurred as a result of such treatment.
9. In consideration of being permitted to participate in this learning activity, I agree to indemnify the State of California, the California State University Trustees, California State University, Fullerton, and their respective officers, agents, volunteers, and employees, from liability and responsibility for any future claims

against any of them by reason of any personal or bodily injury or property damage arising from my acts or omissions in the performance of this learning activity.

10. I am 18 years old or older and legally competent to sign this Consent Form. I have carefully read and understand its terms and their significance. No oral representations or inducements have been made to me to sign this Form.

Student Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____