*This Field Supervision Agreement must be completed by all parties prior to the start of any internship or work study experience   
in conjunction with a course.   
Unless otherwise indicated, all information must be provided.*

**THIS PAGE TO BE COMPLETED BY STUDENT & CARETAKER (if applicable)**

|  |
| --- |
| **Student Information**  **Name: Grade:**  **Home Address:**  **Phone Number:** |
| **Site Information**  **Employer:**  **Site Address:**  **Field Supervisor Name: Title:**  **Phone Number: E-mail:**  **Start Date:** |

**Student Agreement**

I agree to complete all required aspects of this Internship/Work Study Course weekly hour log and journal reflection, and a minimum of two (2) hours per week at this Site. I agree that if I am unable to arrive at this Site at the scheduled time I will contact my Field Supervisor. If I am no longer able to work at this Site, I understand that I have two weeks to obtain another site, and will need to make up the missed work hours. If I do not secure another work site within the two-week period, I am aware I will be dropped from this Course.

I release and hold harmless the affiliates, board members, officers, agents, employees, students, and volunteers of each of the School, the School operator, and the district from any and all liability for damages or injury resulting directly or indirectly from my participation in this internship/work study experience.

**Student Signature: Date:**

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**Caretaker Agreement** *(required if Student is under the age of 18)*

I am the parent or legal guardian of Student, or the designee of such parent or legal guardian (in either case, “Caretaker”), and I agree to support Student in his/her pursuit of an internship or work study experience at this Site. I have visited this Site and deem it safe for Student. I further agree as follows:

* I, on behalf of myself and Student, release and hold harmless the affiliates, board members, officers, agents, employees, students, and volunteers of each of the School, the School operator, and the district from any and all liability for damages or injury resulting directly or indirectly from Student’s participation in this internship/work study experience.
* Should any questions or concerns arise during the course of the semester, I will contact or respond to contact attempts from Field Supervisor and/or Course Instructor (listed below).
* I agree to contact the Course Instructor immediately if I feel Student is in a mentally or physically unsafe situation or if Student is no longer working at this Site.

**Caretaker Signature: Date:**

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**Field Supervisor Agreement**

I am an authorized representative of Employer, and I certify that Student will be working for or volunteering with Employer at this Site for an average of at least two (2) hours per week over a 17-week period. I also agree to be Student’s **Field Supervisor** I further agree that I will timely complete the mid-term and final evaluations that will be provided to me by the Student during the course of the semester, and that I will return such evaluations in the form and manner required by the School.

* I, on behalf of myself and Employer, release and hold harmless the affiliates, board members, officers, agents, employees, students, and volunteers of each of the School, the School operator, and the district from any and all liability for damages or injury resulting directly or indirectly from Employer’s participation in this internship/work study program.
* Should any questions or concerns arise during the course of the semester, I will contact or respond to contact attempts from the Course Instructor (listed below).
* I agree to protect the safety of this Student while Student is at the Site, and will contact either Caretaker or Course Instructor if I believe that Student’s mental or physical well-being is in jeopardy.

**Field Supervisor Signature: Date:**

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**Course Instructor Agreement**

I agree to monitor Student’s completion of this internship or work study experience. If Student is not meeting Student’s obligations, I will contact Caretaker and Field Supervisor. I agree to monitor the completion of site hours submitted to ensure Student is staying on track to meet the total number of hours required for the semester. I agree to return phone calls and WebMail or email messages within a 24-hour timeframe. I will contact Caretaker and Field Supervisor if I believe that Student’s mental or physical well-being is in jeopardy.

**Course Instructor Signature: Date:**