Welcome to Your MCC Internship Course

Dear Student,

You are about to enter a classroom for study that can possibly change the course of your life and your career! This Independent Internship model is designed to give you a variety of options for you to craft your own educational pathway unique to your career and educational interests.

Internship Courses have been proven to provide an exceptional learning experience through hands-on interaction in an area which you choose as interesting and/or challenging. You select the location where you want to experience a real world environment.

With this educational experience you can acquire marketable skills, establish new networking opportunities, and mold the way to your future. We encourage you to enter this experience with enthusiasm, a willingness to learn, and a positive attitude.

This information packet is designed for you to become acquainted with the Mesa Community College Career Services Internship program and policies. We will inform you about your responsibilities as an MCC Internship student and answer any questions you might have about your educational experience along the way.

The Career Services administrators, faculty, and staff wish you a wonderful journey! Please make an appointment with your faculty liaison for registration information for your internship class.

Welcome Aboard!

Debby Smith
MCC Internship Coordinator
480-654-7709
debby.smith@mesacc.edu
Complete the following forms with Your Prospective Internship Supervisor and turn all forms in to MCC’s Career Services department, to begin the approval process for your site and to answer any questions: Phone: (480) 654-7709 or E-mail at debby.smith@mesacc.edu

I. GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student I.D. #</th>
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<tbody>
<tr>
<td>Student E-Mail:</td>
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<tr>
<td>Phone Number:</td>
<td>Day (          ) Evening (          )</td>
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<td>Major:</td>
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<tr>
<td>What semester would you like to take the Internship Course?</td>
<td>Summer 20____ Fall 20____ Spring 20____</td>
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<tr>
<td>Organization/CompanyName:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>City:</td>
<td>State:</td>
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<td>Organization Website:</td>
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Industry:
- Accounting
- Advertising/Marketing/PR
- Biotechnology
- Computer Services
- Consulting
- Education
- Entertainment
- Financial Services/Banking
- Government
- Health Services/Medical
- Hotel/Restaurant/Resort/Casino
- Insurance
- Legal Services
- Manufacturing/Distribution
- Mortuary Science
- Non-Profit
- Printing/Publishing
- Retail/Sales
- Real Estate
- Veterinary/Animal Clinic
- Other________

| Contact Name & Title: | |
| Phone: (          ) | Fax: (          ) |
| E-Mail: | | |

Note: All qualifying internships must have a designated supervisor or mentor. If the supervisor is different from the name listed above, indicate here:

| Supervisor’s Name & Title: | |
| Phone: (          ) | Fax: (          ) |
| E-Mail: | | |
II. POSITION DESCRIPTION & QUALIFICATIONS

Position Title:_________________________________________ Start Date:__________________________

Number of Hours Per Week______ Duration of position:________________________________________

Is this a new or existing internship? _____New _____Existing

Internship duties, activities, and projects: (You may attach a job description if available)

a)________________________________________________________

b)________________________________________________________

c)________________________________________________________

d)________________________________________________________

Qualifications & Skills Required

a)________________________________________________________

b)________________________________________________________

c)________________________________________________________

d)________________________________________________________

III. COMPENSATION

Indicate how this position is compensated by checking all that apply:

☐ Pay Rate $________________________ ☐ Per Hour ☐ Weekly ☐ Monthly Stipend ☐ Semester Stipend

☐ Unpaid, for college credit only

☐ Non-monetary compensation, if any (please describe)_______________________________________________
IV. INTERNSHIP LEARNING OBJECTIVES
(This section to be completed by the site supervisor or mentor)
On a scale of 1-5 (1 = strongly disagree, 5 = strongly agree), indicate how much the student will be able to learn about the following aspects of your organization while working in this internship position.

<table>
<thead>
<tr>
<th>Learning Objective</th>
<th>1</th>
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<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>a) Key skills required for entry level jobs in your industry</td>
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<td>b) Knowledge of core activities</td>
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<td>c) How your organization measures success</td>
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<td>d) Value of teamwork</td>
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<td>e) Value of networking</td>
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<td>f) Organizational culture</td>
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<td>g) Organizational chain of command/hierarchy &amp; titles</td>
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<td>h) Organizational policies/procedures</td>
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<td>i) How you communicate with your customers/target audience</td>
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<td>j) Career paths within your industry</td>
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V. SIGNATURES

Supervisor or Mentor

Name: ____________________________________________
Signature: ______________________________________
Date: __________________________________________

Student/Intern

Name: ____________________________________________
Signature: ______________________________________
Date: __________________________________________

RETURN THIS COMPLETED FORM TO:
Career Services
Mesa Community College @ Red Mountain
7110 E McKellips Rd
Mesa, AZ 85207
Fax: (480) 654-7379
Evaluation of Internship Experience

Name of Intern _______________________________________________________________________

Academic Major _______________________________________________________________________

Name of Organization/Company _______________________________________________________________________

Name of Site Supervisor _______________________________________________________________________

Internship Start date: ________________ Internship End date: ________________

Please mark the correct answer regarding your internship experience.

1. Upon arrival to the internship site, was there an orientation?  YES  NO

2. Were the company’s policies clearly outlined?  YES  NO

3. Were you introduced to the other team members (other employees)?  YES  NO

4. Did you and the supervisor discuss your academic goals?  YES  NO

5. Did the internship responsibilities reflect your academic goals?  YES  NO

6. Were you given enough time to complete assignments?  YES  NO

7. After completing the assigned projects, was there feedback?  YES  NO

8. Did you feel challenged by the responsibilities?  YES  NO

9. Did the internship experience meet your expectations?  YES  NO

10. Were your responsibilities related to your career field?  YES  NO

11. Did the experience change your mind about your career plans?  YES  NO

12. Was it easy to contact the Site Internship Coordinator?  YES  NO

13. Was it easy to contact the MCC Internship Coordinator?  YES  NO

Please provide a short answer to the following questions.

14. What was the most valuable activity you experienced?

15. How did you hear of this opportunity?

16. What were your academic goals for this internship?

17. How can the program be improved?
EXPERIENTIAL EDUCATION ASSUMPTION OF RISK
& RELEASE OF LIABILITY

For Students

Caution: This is a release of legal rights. Read and understand it before signing.

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I __________________________________________, will be participating as a experiential education student at __________________________________________ (henceforth referred to as the “Program”) from ____________ to ____________.

In consideration of my participation in this Program, I agree as follows:

RISK OF PROGRAM ACTIVITIES: I understand that my participation in the College Program specified above involves risks of physical harm and injury inherent in service activities including, but not limited to, working with people, participating in sports and recreation activities, cleaning and maintenance projects, preparing and serving food, and other service activities.

INSTITUTIONAL ARRANGEMENTS: I understand that College is not an agent of, and has no responsibility for, any third party that I may provide any Program services to. I understand that College provides guidance and facilitates my Program activities only as a component of my experiential education experience and that accordingly, College accepts no responsibility, in whole or in part, for loss, damage or injury to persons or property whatsoever, caused to me or others while participating in the Program. I further understand that College is not responsible for matters that are beyond its control.

INDEPENDENT ACTIVITY: I understand that College is not responsible for any loss or damage I may suffer when I am doing Program activities and that College cannot and does not guarantee my personal safety. In addition, I specifically acknowledge that in performing Program activities, I am doing so independently in the status of student of the Program I choose, and not as an employee, or agent of College. I further waive any and all claims which may arise from such Program activities, acknowledge that workers’ compensation benefits are not provided to me in my capacity as a student, and hold College harmless from any of my negligent acts. I further state that I am not in any way an employee of College in any capacity.

I further agree that I am solely responsible for my own equipment, supplies, personal property, and effects during the course of Program activities.

In addition, I agree that if I drive or provide my own motor vehicle for transportation to, during, or from the Program site, I am responsible for my own acts and for the safety and security of my own vehicle. I accept full responsibility for the liability of myself and my passengers, and I understand that if I am a passenger in such a private vehicle, College is not in any way responsible for the safety of such transportation and that College’s insurance does not cover any damage or injury suffered in the course of traveling in such a vehicle.
HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I understand that I may be required to pay up front for my medical expenses that I incur while participating in this Program. Further, I understand that I am responsible to submit any medical receipts to my insurance carrier upon my return. I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release College and MCCCD from any liability for any actions.

Participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon taking care of myself. I understand that it is my responsibility to know what personal equipment is required (such as footwear, clothing, and other personal protective equipment) and provide the proper personal equipment for my participation in the Program, and to ensure that it is good and suitable condition. I agree to ask questions to make sure that I know how to safely participate in the Program activities, and I agree to observe the rules and practices which may be employed to minimize the risk of injury while participating in the Program activities. I agree to reduce the risk of injury to myself or others by limiting my participation to reflect my personal fitness level, wearing the proper protection as dictated by the activity, not wearing anything that would pose a hazard in the performance of the activity, not ingesting or using any substance during the activity which could pose a hazard to myself or others. I agree that if I fail to act in accordance with this agreement that I may not be permitted to continue to participate in the activity.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: I understand that I may be injured and lose or damage personal property as a result of participation in the Program. Therefore, I assume all risks related to the Program activities. Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and MCCCD and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Agreement and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Agreement shall be governed by the laws of the State of Arizona which shall be the venue for any lawsuits filed under or incident to this Agreement or to the Program. If any portion of this Agreement is held invalid, the rest of the document shall continue in full force and effect.

_____________________________  ______________________________
Signature of Program Participant   Date

_____________________________  ______________________________
Signature of Parent or Legal Guardian (if student is a minor)   Date

MC-EEA-AOR (05/19/10)
TALENT RELEASE FORM

I authorize the Maricopa County Community College District, and those acting within its authority, to, at no charge:

- Record my participation, appearance or performance on videotape, audiotape, film, photography or any other medium.
- Use my name, likeness, voice and biographical material in connection with these recordings.
- Copy and distribute the recording in whole or in part solely for education related purposes by the Maricopa County Community College District, and those acting under its authority, as they deem appropriate.

Name: _______________________________ Date: _______________________________

Address: _______________________________ Phone No.: _______________________________

Signature: _______________________________

Parent/Guardian Signature (if under 18): _______________________________ Witness: _______________________________

FORMA DEL LANZAMIENTO DEL TALENTO

Autorizo el districto de la universidad de la comunidad del condado de Maricopa, y éllos actuando dentro de su autoridad, a ningun cargo:

- Registre mi participación, aspecto o funcionamiento en la videocinta, la cinta magnética para audio, la película, la fotografía o cualquier otro medio.
- Utilice mi nombre, semejanza, voz y material biográfico en la conexión con estas grabaciones.
- Copias y distribuciones la grabación de entera o en parte solamente para los propósitos relacionados educación por el districto de la universidad de la comunidad del condado de Maricopa, y éllos que actúan bajo su autoridad, juzgen apropiados.

Nombre: _______________________________ Fecha: _______________________________

Dirección: _______________________________ Teléfono No._____________________________

Firma: _______________________________

Firma de Parent/Guardian (si debajo de 18): _______________________________ Testigo: _______________________________