

CHILD AND FAMILY SCIENCE INTERNSHIP (CFS 193) COURSE PERMISSION FORM
Non Profit Agency

This agency agrees to engage the student under the same conditions and rules that govern other employees and/or volunteers without regard to race, creed, color or sex. We agree to hold the California State University, Fresno, its employees and agents, free and harmless from any claims and causes of action resulting from our voluntary participation in this program. We also agree to provide general work site orientation, supervision and make every reasonable effort to provide a safe working environment. We understand that we are accepting the student as a volunteer, that we are not responsible for providing wages, but agree to assist California State University, Fresno by certifying that the student completed the minimum hours of community service required by the FCS 193 course (minimum 130 hours for the semester) and by evaluating the student's performance at the site. We also understand that the University provides no insurance coverage for this program (including Worker's Compensation Insurance). While payment is allowed, I also understand that internships can not take place at students' current place of employment.

Agency Name, Address & Zip (Please Print)

Name and Title of Agency Representative/Supervisor (Please Print)

Phone Number

Signature of Agency Representative/Supervisor Date

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Student

I agree to abide by the requirements of the FCS 193 course and the guidelines set forth by the above agency. I agree to hold the California State University, Fresno, its employees and agents, free and harmless from any claims and causes of action resulting from my voluntary participation in this program. I understand that I am responsible for turning in all forms to the University at the required times and for meeting all deadlines. I understand that I must complete the required hours (130 minimum) as a volunteer with a nonprofit organization and other coursework in order to receive academic credit. I also understand that the University provides no insurance coverage for this program (including Worker's Compensation Insurance). While payment is allowed, I also understand that I can not intern at my current place of employment.

Name, Address and Zip of Student (Please Print)

Student ID Number

Term and Year Enrolled (Fall, Winter, Spring, or Summer)

Signature of Student Email Address

Date

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University

California State University, Fresno will provide guidance and supervision for any accredited educational training associated with this program. We will assist the agency and student with all related matters and, when appropriate, will assist the agency in appraising student performance. The University will provide credit to qualified students but will not provide the student or agency with any kind of insurance coverage (including Worker's Compensation Insurance) for this program.

Aimee Rickman, Instructor

Student must return completed form to:

Department of Child, Family, and Consumer Science
Family & Food Science Building, Room 205

SUBMITTAL DEADLINE: Due before finals week. Review of completed form and validation of student records showing student to be in their last or second to last semester in Spring is required to received permission number for CFS 193.
Enrollment limits apply; you are recommended to turn in your form as early as possible