

## Field Experience/Internship Instructions Read instructions thoroughly prior to submitting contract to the department.

## INTERNSHIP SITES

- California State University Executive Order 1064 requires that all internship sites must be authorized by the University. Prior to enrollment in KINS 194F, a contract between the site and the university must be established. Effective Fall 2014 all internships sites must be authorized.
- Visit the KHS website for a list of approved internship sites: http://www.csus.edu/HHS/KHS/approvedinternshipsites/index.html
- If you would like to intern at a site that is not on the "approved internship sites" list, you must inform the Department of Kinesiology and Health Science <u>16 weeks</u> prior to the semester you are seeking to enroll. More information is on the website above. For general questions meet with your faculty advisor.

## IMPORTANT INFORMATION

- All sections must be completed in ink and legible. Incomplete contracts will be returned for completion.
- All contracts are due to the department office by **Friday of the second week of the semester**. Any contract submitted after that date will not be accepted.
- Do not begin field experience/internship until the contract has been processed by the department office and you are enrolled in the course with the appropriate unit value.
- Field experience/internship hours must be completed the semester in which you enroll for the course. Hours from a previous semester, winter, or summer will not be accepted.

#### Contract and Enrollment Instructions (all fields must be completed and contact information must be current)

- Section A: Complete this section with site supervisor. Site supervisor's signature is required. Unit value must be checked based on hours you will complete.
- Section B: Complete and sign where indicated.
- Section C: Check appropriate internship option in consultation with faculty advisor. The faculty advisor must sign where indicated. <u>A Release of Liability Form must be submitted for all off-campus sites (attached).</u>
- Submit original contract; faxed or copied contracts will not be accepted or processed.
- Notify the department office in writing of any contract changes immediately (i.e., site, supervisor information, description of duties, etc.). A new contract may be required. Unit value cannot be changed after census.
- Incomplete grades from a prior KINS 194/195 will prevent student from enrolling in future internships. Incompletes are reviewed and considered on a case-by-case basis.
- Registration holds or unit caps will prevent the department from completing the registration process. It will be the student's responsibility to follow-up with the appropriate department(s).

#### **Internship Guidelines**

- Follow the policies and procedures of the field experience site.
- Attendance is crucial. Be present and punctual on assigned days.
- You must act and dress professionally at all times.
- Each field experience is different, duties and responsibilities may vary. Be enthusiastic and willing to learn.
- Communication skills are essential. Demonstrate initiative and interest in assigned tasks.
- Any concerns regarding your site should be reported to your faculty advisor in writing immediately.

#### KINS 194/195 Field Experience/Internships

▶ KINS 194A, 194G, or 195A – Field Experience or Professional Experience

Contact your faculty advisor for enrollment information and course requirements.

➢ KINS 194D − Coaching Experience

Contact Dr. Maureen Smith. Dr. Smith will provide enrollment information and course requirements.

#### KINS 195C – Observation in Athletic Training, 195D – Practicum in Athletic Training

Contact Prof. Doris Flores. Prof. Flores will provide enrollment information and course requirements.

#### Grading

KINS 194/195 Field Experience/Internships are **Credit/No Credit** (CR/NC) courses. You must complete all requirements as instructed by your Faculty Advisor in order to receive full credit. All assignments must be handed in to your faculty advisor by **Thursday before finals week**.

#### Students may not use any of the following activities as part of on-campus KINS 194/195 internship series:

- 1. Tutoring Students
- 3. Clerical, technical or custodial labor
- 5. Conducting small discussion groups
- 7. Handling classroom equipment
- 9. Maintaining faculty office hours
- 11. Creating assignments for students
- 13. Administering examinations
- 15. Assisting a faculty's research by:
  - a. developing and operating research equipment
  - b. preparing and caring for research materials
  - c. collecting and arranging data
  - d. developing source materials
  - e. summarizing reports
  - f. searching for research literature and compiling bibliographies
  - e. assisting in the conduct of experiments

- 2. Grading and/or evaluation student work
- 4. Training students in the use of equipment
- 6. Supervising class related activities/labs
- 8. Performing classroom/lab demonstrations
- 10. Performing classroom/lab instruction
- 12. Preparing course materials
- 14. Assessing student performance



# Field Experience/Internship Contract

## Prior to submitting a contract read instructions carefully. All contracts are due by Friday of the

second week of the semester. Any contract submitted after that date will not be processed. Do not begin field experience/Internship until the contract has been processed by the department office and you are enrolled in the course with the appropriate unit value (verified via Student Center).

| Section A. Site Information (All fields must         |                             | <u> </u>              | nplete section | with site supervisor) |
|--|-----------------------------|-----------------------|----------------|-----------------------|
| Name of Agency (Print full name)                     | Agency Website              |                       |                |                       |
|  |                             |                       |                |                       |
| Mailing Address                                      | City                        |                       | State          | Zip                   |
|  |                             |                       |                |                       |
| Phone  | Fax                         |                       |                |                       |
| ( )  | (                           | )                     |                |                       |
| Site Supervisor's Printed Name, Position/Title       |                             |                       | Email Add      | lress                 |
|  |                             |                       |                |                       |
| Learning outcomes/Description of duties (please      | be detailed in your         | description) :        |                |                       |
|  |                             |                       |                |                       |
|  |                             |                       |                |                       |
|  |                             |                       |                |                       |
|  |                             |                       |                |                       |
|  |                             |                       |                |                       |
|  |                             |                       |                |                       |
| Unit value: 🛛 1 unit=45 hours/semester               | $\Box$ 2 units=90           | hours/semester        | 🗌 3 unite      | =135 hours/semester   |
|  | $\Box 2 \text{ units} = 90$ | nouis/semester        |                | =155 nours/ semester  |
| Site Supervisor's Signature                          |                             |                       |                | Date                  |
|  |                             |                       |                | / /                   |
| Section B. Student Information (complete and         | l sion where indi           | cated)                |                | / /                   |
| Student's Name (as it appears on current student rec | ~                           | catedy                |                |                       |
|  |                             |                       |                |                       |
| Student ID #   | Email                       | Address               |                |                       |
|  |                             |                       |                |                       |
| Phone Number   |                             |                       |                |                       |
|  |                             |                       |                |                       |
| Student's Signature                                  |                             |                       |                | Date                  |
| Student's orginature                                 |                             |                       |                | / /                   |
| Section C. Internship Options (check one in c        | on sultation with           | Familty Advisor       |                | / /                   |
| Section C. Internship Options (check one in c        | onsultation with            | Taculty Auvisor)      |                |                       |
| □KINS 194A – Field Exp. in Kinesiology               | □KINS 195A -                | - Field Exp. in Kines | siology        |                       |
| □KINS 194D – Field Exp. in Coaching                  | <b>KINS 195C</b> -          | - Observation in Ath  | letic Training |                       |
| Elkiry 1940 – Field Exp. in Coaching                 |                             |                       | iette Haining  |                       |
| □KINS 194G – Professional Exp.                       | □KINS 195D -                | - Practicum in Athle  | tic Training   |                       |
|  |                             |                       |                |                       |
| Faculty Advisor's Printed Name                       |                             |                       |                | Date                  |
|  |                             |                       |                | / /                   |
| Faculty Advisor's Signature                          |                             |                       |                |                       |
|  |                             |                       |                |                       |
|  |                             |                       |                |                       |
| For office use only: Date Enrolled:/                 | / Staff:_                   |                       | Course C       | ode:                  |



| Course:        |        |
|----------------|--------|
| Semester: Fall | Spring |
| Year 20        |        |

### Release of Liability, Waiver of Right to Sue, Assumption of Risk and Agreement to Pay Claims

| Activity:   |
|---|
| Activity Date(s) and Time(s):                           |
| Activity Location/Facility:                             |
| Hazards to be aware of:                                 |
| Hazard mitigation (how to prepare for a safe activity): |

In consideration for being allowed to participate in this Activity, **I release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Sacramento and their employees, officers, volunteers and agents (collectively "University") from any and all claims, including the University's negligence, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.

I agree to hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older, I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

| Participant Name: Signat | ure: Date: |
|--------------------------|------------|
|--------------------------|------------|

Student ID: \_\_\_\_\_