CENTER FOR HEALTH AND HUMAN SERVICES

Internship and Field Placement Agreement 2026/2027

This form along with a completed CHHS Internship and Field Placement Application Form <u>and current resume/CV</u> are required as part of a completed application packet for an internship with the CHHS.

I, _____, agree that I will be an intern or serving in a field placement position with the Center for Health and Human Services' (CHHS) Student Internship and Field Placement Program, conditional upon abiding by the student rules and regulations established by my college or university and its respective departments.

I agree to act in a professional manner and abide by the student policies at my college or university. Furthermore, I understand that a violation of any policy may lead to termination of my internship by my CHHS supervisor. Should the internship be terminated, I understand that if the internship or field placement is for credit, my college or university will be notified.

I understand that as part of my work under this agreement, I am not an employee of the CHHS or any of the CHHS's partnering agencies/organizations, and, hereby, enter into this agreement without contemplation of pay.

I understand that anything developed for use by or in the CHHS remains property of the CHHS. I agree to maintain confidentiality of any information, if required/requested, while in my role with CHHS.

I understand that I am expected to turn in all necessary assignments on time and that I will prepare a final report of my activities in this role to my CHHS supervisor to be presented to my supervisor and to my advisor and/or college or university. I will complete an exit evaluation of my experiences in this capacity if requested.

I understand that I must follow all Center for Health and Human Services policies and all my college or university guidelines while enrolled in the CHHS Internship and Field Placement program (I will not be late, I must work all scheduled hours, etc.).

I understand that I must act professionally at all times while enrolled in the program (being late or not showing up is not acceptable and is grounds for dismissal).

I will not hold the Center for Health and Human Services, its supervising members, or any of its partnering organizations responsible or liable in any way for, and that no right of action shall arise from, any loss or damage (including, without limitation, personal injury or property damage) caused by or sustained as a result of my participation in the program, whether through neglect on the part of CHHS, its supervising staff, or any of its partnering organizations or otherwise; and

I will indemnify the Center for Health and Human Services and keep it indemnified against all losses, claims, demands, actions, proceedings, damages, costs expenses, and any other liability arising in any way from my participation in the program or any breach of my undertakings hereof.

I understand that the internship or field placement will officially begin _____ and will end _____. The time shall be monitored at the discretion of the CHHS supervisor and /or the Faculty Internship or Field Placement Coordinator if required.
I confirm that the information provided in my CHHS Student Internship and Field Placement Application is true and correct.

Name (please print): _____

Signature: _____ Date: _____