

San Joaquin Delta College

Internship Application Form

STUDENT AGREEMENT FORM - *PARALLEL PLAN*

To Internship Student:

An Internship/Work Experience instructor will be reviewing your progress in the related courses you are taking, as well as your progress toward your occupational goal. The instructor will also be visiting your supervisor and/or you at your job station for the purpose of evaluating the job and your performance. Credit for the course will be determined on the basis of required work, which will be reviewed by your instructor and employer. No letter grades will be given, since this is a credit/no credit course.

The State and College requirements for credit in Vocational Internship/Work Experience are listed below. You are to indicate your acceptance of these requirements by reading and signing this form.

1. I will be enrolled in an occupational class and employed on a job directly related to that occupational program.
2. I will be enrolled in and intend to successfully complete a total of at least seven (7) units, **INCLUDING** Internship or Work Experience course. One course will be directly related to my employment and job duties. **(No minimum unit requirement in Summer)**
3. I will be employed on a job directly related to my specific certificate or occupational program for 75 hours per semester for each unit of Internship/Work Experience credit. **(Applies to Fall and Spring sessions only)**
4. I will complete and submit the required forms, reports, End of the Semester Report, evaluations on or before the specified due dates and mail/deliver to the **Internship/Work Experience Office, Holt 140, Delta College, 5151 Pacific Avenue, Stockton, Ca 95207.**
5. It is my responsibility to keep the Internship / Work Experience Office advised of **ANY** changes in employment, addresses, telephone numbers or any other changes which affect my enrollment status in the Internship/Work Experience program.
6. I understand I may receive a maximum of only four (4) units of all types of work experience credit during any one semester - except for the Alternate Plan - (see college catalog or Internship / Work Experience office.)
7. I have read and understand the above requirements and the general information as outlined in this handbook.
8. IF I AM A NEW STUDENT, I UNDERSTAND THAT IT IS MANDATORY THAT I ATTEND AN ORIENTATION SEMINAR.

SIGNATURE

DATE

Semester _____
Year _____

Internship/Work Experience Employer Verification Form

Please Print Clearly

Student's name: _____

Position Title of Employee _____

Company Name _____

Phone Number _____

Address _____

City _____

State _____

Zip Code _____

TO BE COMPLETED BY SUPERVISOR

1. A San Joaquin Delta College student is employed under my supervision. This employment station will provide learning experiences, which include new or expanded job training.
2. The student will be accepted and assigned to jobs and otherwise treated without regard to Race, color, national origin, sex or disability.
3. The student/employee will be informed of the rules, regulations and duties of the job assignment.
4. The supervisor will provide adequate supervision for the student/employee on the job.
5. The employer will provide Workers' Compensation insurance coverage for the student/employee and provide evidence to the college upon request.
6. If the employer does not pay the student, the company may not provide Workman compensation coverage for the student.
7. The supervisor will maintain records of student/employee attendance and achievement.
8. The supervisor will provide verification of work hours at the end of the semester.
9. The supervisor will confer with the San Joaquin Delta College internship/Work Experience instructor regarding student progress and meeting the internship objectives.
10. The supervisor will complete a student evaluation at the end of the semester.
11. The supervisor will inform the Internship/Work Experience Office if the student is being considered for termination.

San Joaquin Delta College and the employer shall be responsible for the consequences of its acts or omission to act in the performance of this cooperative learning experience. Accordingly, each party agrees to hold the other harmless from, defended against, and refrain from seeking contribution for, all claims, demands, and actions for damage, loss or liability of any kind arising under or related to the party's performance under this cooperative learning experience to the extent that such damage, loss, or liability is attributed to the party's sole exclusive negligence or wrong doing. Neither party shall be responsible for or required to contribute because of the acts or omissions of the other. As used in this paragraph, "party" includes the officers, agents, and employees of the party.

Listed below is a brief description of planned duties for this employee:

Employer/Supervisor's Signature _____

Date _____

THIS COMPLETED AND SIGNED FORM MUST BE RETURNED TO THE INTERNSHIP/WORK EXPERIENCE OFFICE BY THE 3rd WEEK OF THE SEMESTER FOR THE STUDENT TO BE ELIGIBLE FOR CREDIT