



Internships

The Indiana Academy will be offering academic credit for students who are interested in working at either a site on campus, in the community, or at another location. A minimum of 60 hours must be completed for during the internship to earn half a credit or 120 hours for a full credit (elective). Work hours may include weekend or evening hours. **Some job sites may require a background check, drug testing, immunizations or other types of training before work can begin. Students should plan to complete these requirements before starting their Internship.**

Students are responsible for securing their own internship sites as well as their own transportation!

The internship program matches students with professionals to allow an exploration experience in the student's area of interest. The student is expected to complete actual projects. The internship experience should not be along the lines of errand running or other types of busy work.

In order to arrange an internship, the student must complete the following:

1. Contact a person, or mentor, in the student's area of interest and discuss the internship experience. The student is responsible for making the necessary arrangements including transportation.
2. Complete the internship application and give the hours the student expects to work and the type of experience they would like to have. Be realistic about the expectations of the internship program and the mentor. **The student may NOT work under the supervision of relatives or be paid for their services.**
3. Prepare a one-to-two page proposal describing the company or person who will act as the mentor, the reason for pursuing the internship, and what the student would like to gain from the experience. The proposal should be attached to the Internship Application form.
4. Fill out and return the Internship Program Release form.
5. **Dr. Olufowote will contact the mentor to confirm the internship arrangements, follow the progress of the student at work, and to get information for evaluating the student's performance. For communication purposes, students should plan to maintain an e-mail contact with their Academy faculty member during the internship. It is expected that students will file a weekly journal with Dr. Olufowote by e-mail giving their hours of work, a description of the work accomplished that day, and reflections about their work experience.**
6. The Internship Application, the Internship Program Release form, and the Health Information & Delegation of Consent for Treatment form, **signed by both the student and the parent,** and the one-to-two-page Proposal, and should be submitted to the Academy's internship coordinator. The internship coordinator will review the proposals and final decisions will be made by in conjunction with the Director of Academic Affairs.



Internship Application

Student Name: _____

Grade Level: _____

Mentor Information:

Name: (First, MI, Last) _____

Title at Organization: _____

Name of Organization: _____

Mailing Address: _____

_____ **City** **State** **Zip**

E-mail Address: _____

Telephone Number: _____

Names of other supervising adults at the work site (if known) (First, MI, Last):

Brief description of what kind of work the organization/mentor does:

Student Information:

Housing: **Wagoner Hall** **Other (Specify)** _____

Telephone Number where the student can be contacted: _____

Student e-mail Address (if other than their BSU e-mail): _____

Transportation to Work Site: _____

Anticipated Work Schedule: _____

Essay: Attach a one-page description of your proposed internship experience. Identify who will serve as your mentor, what you plan to accomplish during the Internship Program, and how you will achieve this goal.

I have read the requirements for the May Term Internship Program.

(Signature of student)

Date: _____

(Signature of Parent/Guardian)

Date: _____



Internship Program Release

In consideration of being permitted into the Internship program, I, the undersigned, in full recognition and appreciation of the dangers and hazards to which I may be exposed during my participation in the Internship Program, do hereby agree to assume all the risks and responsibilities surrounding my participation in the activities undertaken as an adjunct thereto; and further, I do for myself, my heirs and personal representatives hereby defend, hold harmless, indemnify, release and forever discharge the Indiana Academy for Science, Mathematics and Humanities ("Academy"), Ball State University ("University") and the mentor and their place of employment ("Company"), all of and each of their officers, agents, and employees, from and against any and all claims, demands and actions or causes of action on account of damage to personal property or personal injury or death which may result from my participation in the Internship Program, except for willful or reckless acts constituting gross negligence of the Academy, its officers, agents or employees, during my participation in the Internship Program.

IN WITNESS WHEREOF, I have caused this Release to be executed on the date set forth below.

Student Name _____

Student Signature _____

Date: _____

Parent or Guardian Signature _____

Date: _____



Health Information and Delegation of Consent for Treatment – Internship

1. Student Information:

Student's Legal Name _____ Goes by _____

Address _____

City _____ State _____ Zip _____

Gender _____ Date of Birth _____ E-mail Address _____

Age _____ Grade _____

2. Parent/Guardian Information:

Parent/Guardian Name _____

Address (if different from student) _____

City _____ State _____ Zip _____

Landline Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Occupation/Employer _____

Other Parent/Guardian (if applicable) _____

Relationship _____ Best Phone for Contact _____

3. Emergency Contact Information:

This person will be contacted ONLY in case of an emergency and if the student's mail parent/guardian cannot be reached.

Emergency Contact Name _____ Relationship _____

Main Phone _____ Other Phone _____



4. Physician/Insurance Information

Does the student have health/medical insurance? **Yes / No** (please circle)

Company Name _____ Policy/Contact Number _____

Policy Holder's Name _____ Relationship _____

Primary Physician _____ Phone _____

Dentist's Name _____ Phone _____

5. Medical Conditions/Allergies

Please list any known conditions

Allergies (food, medications etc.) Reactions	Special Medical Conditions

The parent/guardian is responsible for all medical fees incurred while in attendance at Internship location. I/we being the parent(s) or legal guardian(s) of the above named student do hereby delegate to Dr. Olufowote of the Indiana Academy the authority to consent to all health care (including but not limited to diagnostic tests, x-rays, physical examinations, routine medical tests, injection, hospitalization, anesthesia procedures, surgery, toxicology screens and blood tests for communicable conditions) to be rendered to the above named student for the duration of his/her participation in the Indiana Academy's Internship Program.

Parent/Guardian Signature (required) Date

Witness Signature (required) Date