

**SUSTN 495: INTERNSHIP IN SUSTAINABILITY**  
**Learning Plan**

**SECTION I: STUDENT DATA**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
RedID/EmpID: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Student's SDSU Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Relation: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_  
2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_  
Relation: \_\_\_\_\_ 2<sup>nd</sup> Contact Phone Number: \_\_\_\_\_

**SECTION II: LEARNING SITE**

Name of Learning Site: \_\_\_\_\_  
Site Supervisor's Name: \_\_\_\_\_ Semester Enrolled  
in SUSTN 495: \_\_\_\_\_  
Site Supervisor's Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Site Address (Street, City, State): \_\_\_\_\_

**SECTION III: INTERNSHIP DETAILS**

Service Objectives: List your primary responsibilities at the Learning Site:

Learning Objectives: Describe how your primary responsibilities support and further your course work. Write your learning objectives using action verbs. You may find [Bloom's Taxonomy](#) helpful.

*"By the end of the internship experience, I will be able to..."*

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Number of Service Hours: **Min. 100 hours**    Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**I have reviewed and approve the Learning Plan set forth above:**

Site Supervisor approval: \_\_\_\_\_  
Signature Date

Student agreement: \_\_\_\_\_  
Signature Date

**SECTION IV: PARTICIPATION GUIDELINES**

1. I will devote a minimum of 100 hours towards completion of the service and learning objectives listed in my learning plan effective from \_\_\_\_\_ to \_\_\_\_\_. I agree to complete any paperwork and orientations required by the onsite supervisor as part of this learning activity.
2. I understand and acknowledge that there are potential risks associated with this learning activity, some of which may arise from (a) my assigned tasks and responsibilities, (b) the location of the learning activity, (c) the physical characteristics of the Learning Site, (d) the amount and type of criminal activity or hazardous materials at or near the location of the learning activity, (e) any travel associated with the learning activity, (f) the time of day when I will be present at the Learning Site, (g) the criminal, mental and social backgrounds of the individuals I will be working with or serving, and (h) the amount of supervision I will receive. I further understand and acknowledge that my safety and well being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage.
3. Being aware of the risks inherent in this learning activity, I nonetheless voluntarily choose to participate in this learning activity. I understand that I may stop participating if I believe the risks become too great.
4. While participating in this learning activity, I will **(a)** exhibit professional, ethical and appropriate behavior; **(b)** abide by the Learning Site's rules and standards of conduct, including wearing any required personal protective equipment; **(c)** participate in all required training; **(d)** complete all assigned tasks and responsibilities in a timely and efficient manner; **(e)** request assistance if I am unsure how to respond to a difficult or uncomfortable situation; **(f)** be punctual and notify the Learning Site if I believe I will be late or absent; and **(g)** respect the privacy of the Learning Site's clients.
5. While participating in this learning activity, I will not **(a)** report to the Learning Site under the influence of drugs or alcohol; **(b)** give or loan money or other personal belongings to a client; **(c)** make promises to a client I cannot keep; **(d)** give a client or representative a ride in my personal vehicle; **(e)** engage in behavior that might be perceived as harassment of a client or Learning Site representative; **(f)** engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, mental capacity, or ethnicity; **(g)** engage in any type of business with clients during the term of my placement; **(h)** disclose without permission the Learning Site's proprietary

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information, records or confidential information concerning its clients; or (i) enter into personal relationships with a client or Learning Site representative during the term of my placement. I understand that the Learning Site may dismiss me if I engage in any of these behaviors.

6. I agree to contact the SDSU's Sustainability Program if I believe I have been discriminated against, harassed or injured while engaged in this learning activity.
7. I understand and acknowledge that neither the University nor the Learning Site assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this learning activity. I understand that I am personally responsible for paying any costs I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I carry health insurance.

I have read, understand and agree to comply with these guidelines.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required if student is under the age of 18)

### SECTION V: WAIVER OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMES

Activity: **Internship in Sustainability** \_\_\_\_\_

Activity Date(s) and Time(s): \_\_\_\_\_

Activity Location(s): \_\_\_\_\_

In consideration for being allowed to participate in the above-referenced Activity, on behalf of myself and my next of kin, heirs, representatives, and assigns, I **hereby release, waive, and discharge from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, San Diego State University and their employees, officers, directors, volunteers and agents (collectively the "University") from any and all liabilities or claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, property loss, or economic or emotional loss I may suffer because of my participation in the Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity

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location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in the Activity, including any associated use of University facilities or premises and any travel to, from and/or during the Activity.**

I agree to **indemnify and hold** the University **harmless** from any and all claims, actions, suits, costs, expenses, and liabilities, including attorney's fees or damage to my property, that arise out of my participation in the Activity, including any associated use of University facilities or premises and any travel to, from and/or during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in the Activity, including travel to, from and during 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.

[In the event that any foreign language translation of this document has been attached hereto by the University, the English language version of this document shall be the authoritative version. The English language version shall be controlling in all respects and shall prevail in case of any inconsistency with the translated version].

I have read this document in its entirety, fully understand its terms, and acknowledge that I am signing it freely and voluntarily. **No other representations concerning the legal effect of this document have been made to me.**

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

If the Participant is under 18 years old:

I, the parent/legal guardian of the Participant identified above hereby agree to all of the above on behalf of the Participant

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_