



Department of Health and Human Development  
 Kinesiology Program Internship Manual  
 Part 3 of 8: **Internship contract**

**Note: This internship manual consists of 8 parts, each individual files**

	Student responsibility	Site supervisor responsibility
Part 1: Internship general information	Read	Read
Part 2: Student preparation	Complete & submit to WWU supervisor and site supervisor	Read
<b>Part 3: Internship contract</b>	<b>Complete student information, then forward to site supervisor</b> (do not sign until completed form is received back from site supervisor)	<b>Complete agency information, sign and forward to student.</b>
Part 4: Student responsibilities contract	Complete & submit to WWU supervisor	Informational only
Part 5: Weekly report	Complete & submit to WWU supervisor	Informational only
Part 6: Midterm evaluation	Provide file to site supervisor	Complete, sign and submit to faculty supervisor
Part 7: Final evaluation	Provide file to site supervisor	Complete, sign and submit to faculty supervisor
Part 8: Student feedback on internship to WWU supervisor	Complete & submit to WWU supervisor	N/A

**Site supervisors should not complete the following contract if they have not been given a copy of each of these 8 parts.**

**STUDENT INFORMATION** - Completed by student

WWU Advisor: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student ID Number: W \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Student's Home Address During Internship: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_

**STUDENT: PLEASE FORWARD UNSIGNED DOCUMENT TO SITE SUPERVISOR TO FILL OUT THE REMAINDER OF THE DOCUMENT**

**AGENCY INFORMATION** - Completed by site supervisor

Internship Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_



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Internship Site Phone: \_\_\_\_\_

Internship Agency Supervisor: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Internship Agency Supervisor Title: \_\_\_\_\_

Agency Supervisor E-mail: \_\_\_\_\_

**INTERNSHIP AGREEMENT** - Completed by Agency

The site (Insert name of agency): \_\_\_\_\_  
 hereby accepts (insert student name) \_\_\_\_\_  
 as an internship student for the time and the specifications listed below.

Starting Date:

Terminating Date:

Note: The student and the Agency supervisor should discuss agency policy. If the student wishes to take a vacation during the internship period, plans to ensure the required hours are completed must be addressed.

Note: The internship is planned assuming full time work of 40 hours per week for nine weeks (360 hours). It is acknowledged that sick days and personal time off during the internship often occurs. Accordingly, allowing for some time to be missed from the full-time work for nine weeks, interns must complete a minimum of 333 hours.

Salary Per Week (If applicable):

Organization Internship Supervisor: \_\_\_\_\_

Specific Description of Internship Assignment:

**Internship site SUPERVISOR acknowledgement of responsibility:** Staff at this site hosting a Western Washington University student are aware that engaging in an activity outside of the workplace site and/or work hours with a student carrying out an internship is allowed only when a minimum of five staff members are present, unless pre-approved by the WWU faculty supervisor.

**Child or vulnerable adult verification:** If the WWU student will have unsupervised access to children or vulnerable adults, the student will be required by WWU to obtain a background check.

Vulnerable adult: Adult of any age who lacks the functional, mental, or physical ability to care for themselves, including persons who are developmentally disabled.

Child/minor: any person under the age of 18 years.

Unsupervised Access – Being with a child/minor or vulnerable adult when not in the presence of: (a) another University representative; (b) another representative from a University co-sponsored program; or (c) any adult relative or guardian of any of the children or developmentally disabled persons or vulnerable adults. This does not include incidental contact with a single child which is minor or casual contact in an area accessible to and within visual or auditory range of others, such as



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passing a child or vulnerable adult while walking down a hallway. It does include being alone with a child or vulnerable adult for any period of time in a closed room or office.

The WWU student **WILL** **WILL NOT** (check one) have unsupervised access to children or vulnerable adults while performing this internship.

**Has the organization supervisor informed the student of role in emergencies and the procedures student is to follow?**

Yes  / No  (If no, give date by which this will be done.) Click or tap to enter a date.

**Has the organization supervisor informed the student of organization standards and regulations applicable to student internship participation?**

Yes  / No  (If no, give date by which this will be done.) Click or tap to enter a date.

**WORK SCHEDULE** - Completed by Agency

If a specific work schedule cannot be set at the time the internship contract is signed, then leave schedule blank when signing the internship contract, and submit the schedule to faculty supervisor at the start of the internship.

Monday	Start: _____	End: _____
Tuesday	Start: _____	End: _____
Wednesday	Start: _____	End: _____
Thursday	Start: _____	End: _____
Friday	Start: _____	End: _____
Saturday	Start: _____	End: _____
Sunday	Start: _____	End: _____



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Note: Typing your name in the following signature fields constitutes an electronic signature.

**DOCUMENT SIGNATURE AND FORWARDING SEQUENCE**

STEP	
1: Site supervisor signs & dates	Signed: Organization Supervisor _____
	Date: _____
2: Site supervisor sends file to student	
3: Student signs & dates	Signed: Internship Student _____
	Date: _____
4: Student sends file to site supervisor AND faculty supervisor	
5: Faculty supervisor signs & dates	Signed: WWU faculty supervisor _____
	Date: _____