

| Name:  | CBU ID:                     |                  |                        |                       |
|--|-----------------------------|------------------|------------------------|-----------------------|
| Preferred First Name:  | Graduation Year:            |                  |                        |                       |
| CBU Email:   | Phone:                      |                  |                        |                       |
| Major:   | Minor/Concentration:        |                  |                        |                       |
| Student Type:  | Semester For Course:        |                  | Term:                  | Overall GPA:          |
| Number Of Credit Hours:*   | Department To Award Credit: |                  | Course Subject/Number: |                       |
| *Select "0" if you do not want to receive academic credit for this internship. Please note that a faculty signature is not required for "0" credit internships, and the internship will be for experience only – not pay.    |                             |                  |                        |                       |
| What are your tentative career goals/interests?  |                             |                  |                        |                       |
| Check any/all that apply:  | Student Athlete             | Veteran Benefits | Hope Recipient         | International Student |
| Advisor Name:  | Advisor Email:              |                  |                        |                       |
| Signature Of Faculty Internship Supervisor:  |                             |                  |                        |                       |
| (acknowledging approval of student to receive academic credit for internship)  |                             |                  |                        |                       |
| List internship choices in order of preference from approved list of sites. If you are interested in/have already secured a site not on the list, please list organization name on line 5. Office Use: Status of Application |                             |                  |                        | lication              |
| 1.   |                             |                  |                        |                       |
| 2.   |                             |                  |                        |                       |
| 3.   |                             |                  |                        |                       |
| 4.   |                             |                  |                        |                       |
| 5.   |                             |                  |                        |                       |
|  |                             | •                |                        |                       |

All information submitted on this internship application is accurate. I give Career Services staff my consent to release my resume and related documents to an employer on my behalf. By submitting this application, I commit to interning at one of the above named sites. I will commit to the minimum number of required on-site hours (based on major) for a 1, 2 or 3 credit hour course, scheduling my hours throughout the full semester in order to gain a meaningful experience at the internship site.

Signature

Date

In order to complete your academic internship application, you must submit this application along with:

- General Release, Waiver and Indemnity Agreement (please see back of this form)
- One copy of your Resume (a resume review by Career Services staff is highly recommended)

## Students must register for the Internship Course by the Spring Add/Drop Date.

## GENERAL WAIVER, RELEASE AND INDEMNITY AGREEMENT (Off-Campus Activities)

1. There are many opportunities for off-campus study and other activities at Christian Brothers University in which the University encourages students to participate. The University makes reasonable efforts to assure that due care and prudence are exercised in the conduct of these off-campus studies and other activities (the "Activities"). However, the University does not assume liability for risks associated with the Activities. Accordingly, the University requires that each student (the "Student") sign this General Waiver, Release and Indemnity Agreement (the "Release").

2. This Release applies to the Activities sponsored by the University and is effective from the date of the undersigned Student's official acceptance into the University through the date of the Student's graduation.

3. \_\_\_\_\_\_, (Please Print) the Student, in consideration for being permitted to participate in the Activities, for himself, his heirs and his personal representatives, hereby forever releases and discharges the University, its trustees, officers, faculty, staff, employees and agents (the "Released Parties"), from any and all liability arising out of the Student's participation in the Activities, including, without limitation, liability for any claims or causes of action whatsoever arising out of any damage, sickness (including but not limited to COVID 19, coronavirus or similar disease or illness), loss, or injury (including death), to the Student or to property owned by or in the custody of the Student while engaged in such activities.

4. The Student, in consideration for being permitted to participate in the Activities, further agrees to assume the liability for, and indemnify and defend the University from, any and all claims or damages for any sickness, personal injury, death, property damage or any other loss that may arise, either wholly or in part, out of any negligent, intentional or other act or omission by the Student in connection with the Activities, including those claims or damages that may arise out of the joint or concurrent negligence of a third party, the Released Parties, or any of them.

5. In the event that the Student supplies any automobile in order to transport himself or other students in connection with the Activities, the Student warrants that the Student has a valid automobile operator's license and is covered by current in-force automobile liability insurance with

\_\_\_\_\_\_ insurance company with minimum insurance liability limits required by the state of Tennessee.

6. Neither the University nor its trip leaders, program directors, faculty members, employees, or other agents of the University assume any responsibility or liability for the personal conduct of students. In the area of personal behavior, the Student understands that students are required to make personal decisions for which the University does not assume responsibility or liability.

Student's Signature

Date Signed & Effective Date