

# CONTRA COSTA COMMUNITY COLLEGE DISTRICT

## Co-op/Work Experience Unpaid Internship Agreement (Diablo Valley College)

**SEMESTER:** Fall/Spring/Summer (circle one) **DURATION OF INTERNSHIP:** Beginning \_\_\_/\_\_\_/\_\_\_ Ending \_\_\_/\_\_\_/\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **COMPANY/AGENCY** \_\_\_\_\_

**ID#** \_\_\_\_\_ **SITE ADDRESS** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_ **CITY, STATE, ZIP:** \_\_\_\_\_

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- **The purpose of this agreement** is to set forth the standards and conditions for providing an unpaid internship experience to train a student in a job related to a specific major or educational program.
- The parties are: the company or agency ("Affiliate") agreeing to provide a training experience to a student, the Contra Costa Community College District ("District") on behalf of Diablo Valley College ("College"), and the student ("Student").
- The Internship program of the College is operated in compliance with California Code of Regulations, title 5, sections 55250-55257.
- In accordance with Labor Code section 3368, the District assumes Worker's Compensation responsibility for the student internship when the employer elects not to pay the student.
  1. The Student named on this document is enrolled in an internship course at Diablo Valley College.
  2. This program is open to all without regard to race, color, creed, or national origin.
  3. A structured training program will be identified in a Learning Objectives Agreement between the District, the Affiliate and Student before the internship experience begins.
  4. The hours of work shall be verified and an evaluation completed along with other course work by the end of the internship.
  5. The focus of the training is primarily for the benefit of the Student.
  6. The Student does not displace other workers.
  7. The Student is not guaranteed a job as a result of the training, however he/she may be offered a paid position at any time during the training arrangement between the District, the Affiliate, and the Student.
  8. There is an understanding that the Student is not entitled to pay during this training experience.

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**STUDENT AGREEMENT:** I agree to cooperate with the Affiliate and the District in this internship; to accept responsibility to keep a regular work schedule by arrangement with the Affiliate and the District; to put in all the hours of work agreed upon; to fulfill the Internship course requirements in accordance with title 5 requirements including writing and completing the internship learning objectives; to be covered by the District Workers' Compensation program in case of illness or injury, and to receive treatment and be entitled to statutory benefits in accordance with the District procedures and State statutes pertaining to such coverage. I acknowledge that the Workers' Compensation program will be my sole recourse for any injuries sustained in the course and scope of my internship with the Affiliate.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Print Name: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE (for students under 18):** \_\_\_\_\_

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**AFFILIATE AGREEMENT:** The Affiliate agrees to cooperate with the District and the Student to provide a training experience related to the Student's major or educational program. It is understood that this is an unpaid internship. It is understood that the College assumes Workers' Compensation responsibility for the Student when the Student is not paid, and that the Student will not work before or after the internship period. Finally, I agree not to terminate the Student or the internship without first consulting with the Student and a College representative.

### AUTHORIZED REPRESENTATIVE

**COMPANY SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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**DISTRICT AGREEMENT:** The District agrees to refer qualified and interested students from the College to the Affiliate and to provide advice and guidance to the Student. The College will grant academic credit for this work experience when all assignments are completed. It is understood that: the Student will not be paid for this work experience, the District assumes responsibility for Worker's Compensation when the Affiliate does not; and the student will not work before or after the internship period indicated above.

**DIABLO VALLEY COLLEGE INSTRUCTOR SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

Print Name: \_\_\_\_\_

**AUTHORIZED DISTRICT ADMINISTRATOR SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

Print Name: \_\_\_\_\_