OFF CAMPUS WORK CONTRACT

Please read the following, complete pages 3-4, and submit one hard copy to the faculty member or internship instructor and one hard copy to the Center for Business & Community Partnerships, MSC 63, located in Samuel Read Hall, 2nd floor.

Section I. Site Approval

All off campus partner sites and projects must be approved prior to student engagement. If the desired partner or project is not already approved and sanctioned by Plymouth State University, the student must get approval by the sponsoring on campus office to engage in the proposed project/work. The appropriate university office must contact the organization at least one week prior to the anticipated start date to complete the approval process. The following criteria must be met and documented for approval.

Approval Criteria:

1. The partnering organization and project must support the Plymouth State University mission and sanctioned university curriculum.
2. The partnering organization must provide a safe working environment for students.
3. The partnering organization must recognize student work as an extension of university education and experience.
4. The partnering organization must abide by all State of NH Department of Labor laws.

Section II. Student Consent

I understand that there are certain dangers, hazards and risks that may be associated with my participation in the off-campus assignments (service learning, research, field experience/internship, apprenticeship, co-op experience, etc.). I further understand that all risks cannot be prevented. I have considered the risks associated with participating in this project and knowingly and voluntarily assume such risks. Furthermore, I represent that I am physically and mentally capable of participating in this project and that I am capable of using the equipment, if any, associated with these projects.

On behalf of myself, and my family, heirs, and personal representatives, I hereby agree to indemnify, hold harmless, release from liability and waive any legal action against Plymouth State University, its governing board, officers, agents and employees (collectively, “the Released Parties”) for any personal injury, death, or property damage I may suffer or cause to a third party arising out of or in any way connected to my participation in the project or while in transit to or from the project.

I represent that I am covered by adequate medical/health/accident insurance for any injury that I may suffer at the service project site. In the event I require medical services due to injury suffered during the project, I understand and agree that the university does not provide medical services or medical personnel at the project site and is under no obligation to provide transportation for me to obtain medical services.

I understand and agree that this document shall be construed in accordance with the laws of the State of New Hampshire. If any term or provision of this document shall be held invalid or unenforceable, the remaining terms and provisions shall remain in full force and effect. I understand that by signing this document I am representing that I have read and understand all of its terms and conditions and that I fully intend to be bound by the same.

Student Signature: ___________________________ Date: ___________________________
Section III. General Off-Campus Work Expectations

Plymouth State University sponsors off campus opportunities for students as a means of providing a comprehensive and diverse learning environment. Student participants and leaders are expected to conduct themselves in a professional and positive manner as representatives of Plymouth State University.

The following guidelines are highlighted:

1. Anyone with a history of medical problems should consult with their physician prior to the project to be sure that they are in condition to participate in the project. Any student with a medical issue and/or under the care of the physician may be required to provide a medical release prior to the project.
2. Any prescription medications required should be in the original container clearly indicating the patient and medication information. Be sure to take sufficient quantity for the duration of the event. A physician may be required to provide a medical release prior to the project if the prescription medication has the potential to impact participation.
3. No drugs or alcohol permitted on the field trip/event/project site. Possession, use, sale, distribution, and/or transportation of alcohol, any controlled substance, illegal drugs, or drug paraphernalia is prohibited conduct.
4. No firearms, explosives, (including fireworks), or other weapons are permitted on the field trip/event/project site. Transportation, storage, possession or use of these items is prohibited conduct.
5. Sexual harassment, sexual misconduct, lewd or indecent behavior, or sexual assault is prohibited conduct.
6. Physical abuse, threats, intimidation, harassment, coercion and/or conduct, which threatens or endangers the health or safety of any person is prohibited conduct.
7. Interfering with normal university activities including studying, teaching, research and recreation is prohibited conduct.
8. No student is permitted to drive a school vehicle unless authorized by the instructor or appropriate university official. A copy of a valid driver’s license must be attached to the travel request form for each driver. In the event that rental vehicles are used, all drivers must meet the requirements of the agency providing the vehicle(s).
9. Every student is responsible for making appropriate travel arrangements prior to and after the project.
10. Failure to comply with instructor directives, engaging in prohibited conduct or violation of any laws may result in disciplinary and/or legal action. Students may be discharged from the project and be responsible for transportation home under these circumstances.
Section IV. Project Information and Approval

Student Information:

Name: ___________________________________________ Student ID# ______________________________

Address: _________________________________________________________________

City: ___________________ State: _______ Zip: _______ Phone: _________________________________

Email: _________________________________________________________________

Related Course: __________________________________________ Course ID: _________________________________

Community Partner/Project or Internship Site:

______________________________________________________________

Address: _________________________________________________________________

City: ___________________ State: _______ Zip: _______ Phone: _________________________________

I agree to volunteer/participate at the community partner site named above, with a start date of ___________ and will be present for ___________ (hours/week) until the expected completion date of ___________. I also agree to meet the requirements set forth by the faculty member or internship instructor in order to receive academic credit for this experiential learning project. I have read the above terms and conditions and agree to them.

Student’s Signature: ___________________________________________ Date: _________________________________

Community Partner/Project Site Supervisor Information

Supervisor’s Name: ___________________________________________ Title: _________________________________

E-mail: ___________________________________________ Phone: _________________________________

I agree to supervise the student’s work on-site, provide support, sign or arrange for the signing of the student’s timesheet, and participate in the assessment process by completing an evaluation form.

General duties are as follows:

______________________________________________________________

Our organization’s liability insurance covers PSU student work at our site. ______ Yes ______ No

Supervisor Signature: ___________________________________________ Date: _________________________________
Faculty Member Information

Faculty Member/Internship Instructor: ________________________________ Department: ________________________________

E-mail: ________________________________ Phone: ________________________________

The student named above has my permission to participate in this off-campus project in partial fulfillment of the requirements for the course named above. I have done my due diligence to assess the risk involved and though all risk cannot be eliminated, the proposed site meets reasonable standards. In addition to the number of hours indicated, the student will complete the following related assignments or requirements, if applicable.

_______________________________________________________________________________________

Faculty Member/Instructor Signature: ________________________________ Date: ________________________________