

OREGON INSTITUTE OF MARINE BIOLOGY UNDERGRADUATE INTERN PROGRAM

Agreement between OIMB student and Intern Provider

STUDENT INFORMATION

Name: _____ UO ID#: _____

Email: _____ Phone: _____

INTERN PROVIDER INFORMATION

Organization Name: _____ Phone: _____

Supervisor's Name: _____ Email: _____

INTERNSHIP DETAILS

Beginning date: _____ Ending date: _____

Hours per week: _____ Total hours: _____ No. of credits: _____

Brief description of the internship position:

UNIVERSITY'S LIABILITY: "The student is not an employee of the University. Any compensation arrangements made between the Internship Provider and the student are outside of this agreement. The student is responsible for his/her own transportation, parking and any expenses associated with the internship.

The Oregon Tort Claims Act (ORS-30.260-300) permits the University to accept responsibility only for the acts of its officers, employees and agents. Since a student participating in an internship program does not qualify as any of these persons, the University is prohibited from excepting any liability for the acts, omission and conduct of students in an internship and is prohibited from providing coverage with State Accident insurance or other workman's compensation liability insurance or unemployment insurance. The intern provider's organization agrees it is their responsibility to determine what provisions or actions are necessary to fulfill any liability and workers' compensation obligations created by its participation in the Oregon Institute of Marine Biology Intern program.

SIGNED

STUDENT: _____

DATE: _____

INTERN SUPERVISOR: _____

DATE: _____