



Student Agreement– WSA Student Intern

I, _____, agree that I will be an intern with the Women Survivors Alliance (WSA) Student Internship Program, conditional upon abiding by the student rules and regulations established by my college or university and its respective departments.

I agree to act in a professional manner and abide by the student policies at my college or university. Furthermore, I understand that a violation of any policy may lead to termination of my internship by the WSA Supervising member. Should the internship be terminated, I understand that if the internship is for credit, my college or university will be notified.

I understand that as an intern I am not an employee of the WSA or any of the WSA’s partnering agencies/organizations, and , hereby, enter into this agreement without contemplation of pay.

I understand that anything developed for use by or in the WSA remains property of the WSA. I agree to maintain confidentiality of any information, if required/requested, while a WSA intern.

I understand that I am expected to turn in all necessary assignments on time and that I will prepare a final report of my activities as an intern to my WSA supervisor to be presented to the WSA board. I will complete an exit evaluation of my experiences as a WSA intern.

I understand that I must follow all WSA policies and all my college or university guidelines while enrolled in the internship program (I will not be late, I must work all scheduled hours, etc.).

I understand that I must act professionally at all times while enrolled in the internship program (being late to the internship or not showing up for the internship-is not acceptable and is grounds for dismissal).

I will not hold the WSA, its supervising members, or any of its partnering organizations responsible or liable in any way for, and that no right of action shall arise from, any loss or damage (including, without limitation, personal injury or property damage) caused by or sustained as a result of my participation in the internship program, whether through neglect on the part of WSA, its supervising members, or any of its partnering organizations or otherwise; and

I will indemnify the WSA and keep it indemnified against all losses, claims, demands, actions, proceedings, damages, costs expenses, and any other liability arising in any way from my participation in the internship program or any breach of my undertakings hereof.

I understand that the internship will officially begin **(Insert date)** and will end **(Insert Date)**. The time shall be monitored at the discretion of the WSA supervisor and /or the Faculty Internship Coordinator if required by your college or university.

I confirm that the information provided in my WSA Student Internship Application is true and correct.

Name (please print):

Signature: _____ **Date:** _____