

**PRELIMINARY INTERNSHIP AGREEMENT FORM
CBPA INTERNSHIP OFFICE**

College of Business and Public Administration (CBPA)
California State University, San Bernardino
5500 University Parkway, JB-105
San Bernardino, CA 92407-2397
(909) 537-3581/3881 Fax: (909) 537-3883

Dear Internship Host Organization:

We're delighted to receive your request to participate in our Internship Program! Please note, any business or PA student who participates in an internship must meet the following CBPA requirements:

- Undergraduate students must have a 2.5 GPA; graduate students must have a 3.0 GPA.
- Students should complete 8-12 units in their area of concentration before applying for an internship.
- If selected, the student must register in an internship course to go alongside this intern opportunity. This course offers the student 4 units for completing 150-200 hours over a ten-week period.
- Both student and agency/organization will accept our "hold harmless" clause below.

→ **Failure to notify us with the student's information may compromise our internship program and future assistance to you.**

→ **INSURANCE REQUIREMENTS:** The State of California, Trustees of the California State University, California State University, San Bernardino and the officers, employees, students, volunteers, and agents of each shall be named as additional insured for each of the insurance provisions listed below.

AGENCY/ORGANIZATION shall maintain limits no less than: *(select and initial)*

- General Liability: \$1,000,000 per occurrence for bodily injury, personal injury and property damage, \$2,000,000 general aggregate.
- Employer Liability: \$1,000,000 per occurrence for bodily injury or disease.
- Business Automobile Liability: \$1,000,000 per occurrence for bodily injury, personal injury and property damage.
- Worker's Compensation: as required under California State Law.

Just initial any of the above that are appropriate. There is no need for copies of certificates of insurance to be submitted at this time. Thank you.

OR Special arrangements will be made (or attempted) with the university in the event the AGENCY/ORGANIZATION is not able to provide the above insurance requirements.

→ **LIABILITY:** Both Student and Agency/Organization shall **hold harmless**, indemnify, and defend, the State of California, the Trustees of the California State University, the California State University San Bernardino and the officers, employees, students, volunteers, and agents of each of them from and against any and all liability, loss, damage, expense, costs (including, with limitation, costs and fees of litigation) of every nature and causes of action arising out of or in connection with the acts or omissions of AGENCY/ORGANIZATION, or its trustees, officers, employers, agents and volunteers, except such loss or damage caused by the sole negligence or willful misconduct of CSUSB.

If you understand and agree to the above, please do the following so we can assist you:

1. Attached is a **sample internship flyer** to use. **Replace** the information with yours and **return** by e-mail as a Word attachment. Once received, our office will post your opportunity(s) on the CBPA's Internship Website, send out an announcement to our listservs, and send a copy to the Faculty Intern Coordinator who will oversee your internship.
2. Fill out the Business/Organization Sign-Up Form below and return it along with your completed Internship Flyer(s) by email to Angie Webb at abecerri@csusb.edu. *(Type in all information, including signature line and date)*
3. Once you start receiving student resumes and cover letters, you can schedule interviews with them. After making your selections notify me at abecerri@csusb.edu with each **student's name, phone number & e-mail address**.
4. Direct your intern to **(a) contact their department Faculty Internship Coordinator** to register for an internship course, and to **(b) contact the CBPA Internship Office** so we may follow up with them. In the internship packet are agreement forms and an evaluation form. The intern will provide them to you once he/she is registered in the course.

Business / Organization Sign-Up Form		Date:
Name of Business/Organization:		
Address:	City, State-ZIP:	
Type of Business:		
Contact Name:	Title:	
Phone:	Email:	
Typed Signature:	Website:	

Note: Your typed name will be accepted as a signature

Thank You!
Angie S. Webb (abecerri@csusb.edu)
CBPA Internship Office

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