

Date: _____

California Polytechnic State University
San Luis Obispo

Experience Industry Management Department
RPTA 330 – Directed Field Experience Agreement

Requires a minimum of 12 hours per week at the organization for 10 weeks in one quarter

RPTA 330 Directed Field Experience (4 units)

Total credit limited to **8 units**

(Quarter)

(Year)

STUDENT INFORMATION

_____	_____	Have you completed RPTA _____
(Last Name)	(First Name)	210, grade C- or better

List, if any, previous RPTA 330 Courses You Have Completed

Quarter & Year

Organization Name

Org. Supervisor

ORGANIZATION INFORMATION

Organization Name: _____

Organization Address: _____

(Street Number & Name, City & State, and ZIP)

Supervisor Name & Title: _____

Supervisor Email Address: _____

Supervisor Phone Number: _____

OUTLINE OF PROPOSED DUTIES & RESPONSIBILITIES WITH ORGANIZATION

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Student Name: _____ Student Signature: _____

Supervisor Name: _____ Supervisor Signature: _____



CAL POLY

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity:

Activity Date(s) and Time(s):

Activity Location(s):

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California Polytechnic State University, the Cal Poly Corporation, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s).

Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made by me.

Participant Signature: _____

Participant Name (print):

Date:

If Participant is under 18 years of age, the following page is also required.

COVID-19 Internship Health and Safety Guidelines

Cal Poly - San Luis Obispo

Experiential credit-bearing learning (student teaching, clinicals, practicums, internships, service learning, field placements, etc.) is an important component of student success. However, COVID-19 has posed new and emerging risks to students engaged in this experience.

According to the Centers for Disease Control and Prevention (CDC), coronavirus is a type of virus that causes diseases ranging from the common cold to more serious respiratory disease. The CDC reports that people with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness or death. Typically symptoms include fever, cough and shortness of breath. Severe illness is more common in people with underlying health conditions or weakened immune systems, as well as older adults. Symptoms may appear 2-14 days after exposure to the virus.

Covid-19 Exposure Prevention

Guidelines issued by public health agencies and federal, state, local governments must be followed during a student's internship work activities. These guidelines may change as information develops.

CDC guidance can be found at the following site: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

- Implement good hygiene and infection control practices including:
 - Maintain a minimum 6 feet of distance from others
 - Practice frequent hand washing for 20 seconds
 - Avoid touching your face with your hands
 - Wear a face covering or mask when in public and at your worksite
 - Stay home if sick and notify your supervisor
 - Practice good respiratory behaviors, including covering coughs and sneezes
 - Use tissues and dispose of in trash receptacles
 - Avoid if possible the sharing of work stations, phones, offices, equipment and tools
 - Maintain regular housekeeping practices including routine cleaning of surfaces, equipment and other elements of the work environment (e.g., shared tools, phones, computers)
- Interns shall notify their supervisor or internship advisor if unsure what to do or have a safety concern.

I acknowledge that I have been informed of and understand the risks posed to my own health due to potential exposure to COVID-19 and will adhere to the prescribed safety precautions and the guidance of federal, state and local governments.

Student Name: _____

Student Signature: _____ Date: _____



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Experiential Learning Questionnaire 2020-21

Student Name _____

Department _____

Experiential Learning On-Campus Coordinator _____

Experiential Learning Site name and location _____

Activities to be completed within experience:

of units _____

Will this internship/learning experience meet the requirements of the credit-hour policy? Y _____ N _____

Can the experiential learning experience be performed virtually? Y _____ N _____

Comments:

Can an alternative activity be substituted? Y _____ N _____

Comments:

Is this internship/experiential learning experience required for certification or graduation at this time? Y _____ N _____

If yes, please elaborate:

Can the student be considered an "essential worker"? (See definition here: [Essential Worker](#)) Y _____ N _____

Will the student be required to wear a face covering? Y _____ N _____ Face Shield? Y _____ N _____

What additional PPE will be provided to the student?



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What social distancing protocols are in place at the site?

Comments:

What other COVID-19 precautions are in place?

Comments:

Do the student's living accommodations pose an additional risk? Y _____ N _____

Comments:

Will the student be working with individuals that are COVID-19 positive? Y _____ N _____

If yes, please contact Risk Management: riskmanagement@calpoly.edu

Additional Comments:

Student Name _____

Student Signature _____ Date _____

Campus Coordinator Name _____

Campus Coordinator Signature _____ Date _____



Site Self-Assessment and Student Acknowledgment of Risks

This form is to be completed as soon as possible once a site has been selected for an experiential credit-bearing learning experience (internship, student teaching, clinical, practicum, service learning, field placement, etc...). This form is to be completed by a representative of the site and signed by both the student and the site representative. The University department's experiential learning coordinator will review, sign and maintain this document in the student's file.

Name of Site: _____ Telephone No: _____
Address: _____ Email Address: _____
Site Representative Name: _____ Title: _____
Site Representative Signature: _____ Date: _____

The following check box items are an indication of the safety and security at the site. N/A means "Not Applicable". If any item is checked NO, please explain on a separate page.

Is the site environment considered an "office exposure" only site?	Yes	No	
Are emergency plans current?	Yes	No	
Are hazardous materials or hazardous chemical controlled?	Yes	No	N/A
Are all manufacturing tools and equipment guarded?	Yes	No	N/A
Will the student be provided with safety training prior to starting work?	Yes	No	N/A
Will the student wear personal protective equipment, if necessary?	Yes	No	N/A
Are working conditions and general environment safe?	Yes	No	
Is there adequate employee parking on site?	Yes	No	N/A
Are parking areas well lit as necessary?	Yes	No	N/A
Is the above site location the only place the student will work?	Yes	No	
Is management and supervisory oversight adequate?	Yes	No	
Is the site located in a crime-free area?	Yes	No	

If YES to the following, please explain on a separate page:

Will the student be required to drive as part of their responsibilities?	Yes	No
Will the student be required to perform heavy manual labor?	Yes	No
Will the student be interacting with potentially violent clients?	Yes	No

As the on-campus coordinator, I have evaluated and understand the potential health and safety risks associated with this experiential learning site. I have undertaken additional research and/or visited the site and I am able to articulate the identified risks to the student.

Department Coordinator Name: _____

Department Coordinator Signature: _____ Date: _____

I have read and understand the potential health and safety risks associated with this site. I have discussed these risks with the department Coordinator and accept this as presented.

Student Name: _____

Student Signature: _____ Date: _____