# **Cal Poly San Luis Obispo**

# **Department of Kinesiology and Public Health**Internship Application and Contract Form

Student Information

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cal Poly Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address during internship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Emergency Contact Information During the Internship

Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship site and supervisor information

Agency name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency website URL (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Information
Select: KINE 463\_\_\_\_\_\_\_HLTH 463\_\_\_\_\_\_

Number of units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarter of enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Information

Provide a brief description of the internship:

Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours to be completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Expectations

To the student – please read prior to signing

* Perform internship work in a professional manner, participate in all agency training sessions, events and functions as deemed necessary by the onsite supervisor.
* Abide by all policies, rule, regulations and guidelines set out by the agency.
* Maintain a courteous, respectful and conscientious relationship with staff and clients.
* Be prompt, responsible and self-motivated during all internship activities.
* Dress according to agency protocol.
* Complete required hours, weekly logs and exit questionnaire as directed.
* Ensure onsite supervisor completes the two required student evaluations sent by the Cal Poly Kinesiology and Public Health internship coordinator.
* Be a positive role model for the profession and as a representative of Cal Poly’s Kinesiology and Public Health Department.

To the supervisor

* Provide student with a written description of the internship program with clear goals and expectations.
* Supervise student during internship hours and provide constructive feedback.
* Keep a file of all required student’s information and certifications, like CPR/AED.
* Submit two student evaluations – midway and the final week of the internship.
* Complete the Release of Liability Form and Internship Site Self-Assessment Form.
* Maintain open communication with Cal Poly Kinesiology and Public Health internship coordinator.

Goals and Objectives

For both student and internship supervisor – please identify 3 to 5 goals and objectives specific to the agency which will engage student during the internship experience. Please see sample goals and objectives on the next page.

I have read and understand the expectations and the goals and objectives of this internship experience.

Signature student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Signature on-site supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Signature Cal Poly faculty internship coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

**Completing the Expectations/Goals and Objectives Form**

The goals and objectives of the internship are decided upon by the site supervisor and student and reviewed by the Kinesiology and Public Health Cal Poly faculty coordinator. This is to ensure the goals and objectives are in keeping with the student’s academic and professional goals. The objectives may range from observation to hands-on experience as appropriate for the setting. A guide is given below indicating typical internship objectives.

Sample Tasks/Responsibilities May Include but are Not Limited To:

Physical Therapy/Clinical Observation Sites:

* Observation/shadowing of therapists, doctors, physician assistants or other medical providers during treatment and evaluation
* Greeting and escorting patients in the rehab area/medical office
* Set- up and take-down of equipment
* Observation and assistance to therapists in monitoring patient exercises
* Cleaning and maintenance of the rehab area

Fitness Facilities:

* Observation of fitness professionals
* Completion of any necessary training/orientation period
* Performing fitness assessments
* Supervising the exercise floor
* Prescribing exercises to clients under the guidance of a fitness professional
* Leading group exercise classes
* General clerical and filing
* Cleaning and maintenance of the fitness facility and equipment
* Completion of any special projects, incentive programs, marketing, etc.
* Learning about business practices, marketing, inventory, membership policies

Health Promotion Programs:

* Observation of health professionals
* Participate in routine department functions (i.e. staff meetings, city council meetings, etc.)
* Participate in program planning meetings and follow up assignments
* Assist in health promotion delivery which may include: behavioral modification programs, health screenings, health assessments, and/or community outreach events.
* Assist in program and product development
* Assist in needs assessment, data collection and/or analysis
* Research and develop presentation materials (i.e. power point slides, handouts, health education materials, etc.)