



**Mendocino College
Internship Employer Application**

Mendocino College refers interns to employers who meet the basic criteria for an educational internship site. Please complete the following information to be considered for inclusion as an employer- member of Mendocino College's internship program.

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Business/Agency name

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Type of business

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Business physical address: Street City State Zip

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Business mailing address: street or PO City State Zip

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Business website

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Contact Person Email address phone number

This internship is paid unpaid If PAID, hourly rate of pay: \$ _____

Describe potential intern duties: _____

Name any current or potential position(s) or job classifications that an internship would be most closely related to: _____

What are the basic intern qualifications/eligibility criteria? _____

Will the internship involve any potentially unsafe or dangerous activities? No Yes

If "yes", describe: _____

Days/times available for interns: _____

When will this internship be available? _____ For how long? _____

Mendocino College internships are work-based learning experiences considered an extension of the College's education and training. As college-level educational experiences, internships require specific and measurable learning objectives. Please sign your initials after the following statements:

- I understand that an internship is for the educational benefit of the student and not for the material benefit of the employer. Any benefit received by the employer will only be as an outcome of the student's learning experience. Initial: _____
- I understand that Mendocino College will provide liability and Workers Compensation insurances for unpaid interns. Initial: _____
- I agree to abide by all applicable labor laws and regulations. Initial: _____
- The intern will not displace a regular employee, fill a vacant position, or relieve an employee of assigned duties. Initial: _____
- The intern is not necessarily entitled to wages or a job at the conclusion of the internship. Initial: _____

- I understand that, as an employer, I will be expected to review and approve learning objectives, sign monthly time sheets, meet with the course instructor, review and sign the students' self-evaluations, and complete evaluations of the students at the end of the semester.

Initial: _____

Print Name	Signature	Date
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Title	Email address	Phone
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Please print, sign and submit to **Dan Jenkins** at:

Mail: Mendocino College CWEE, 1000 Hensley Creek Rd., Ukiah, CA 95482; Fax: 707-467-1017; or scan and email to djenkins@mendocino.edu

Your application will be reviewed and you will be contacted about your participation in the Mendocino College Internship program. If accepted, you will be asked for permission to post this information to the Mendocino College Internship website.

Thank you!